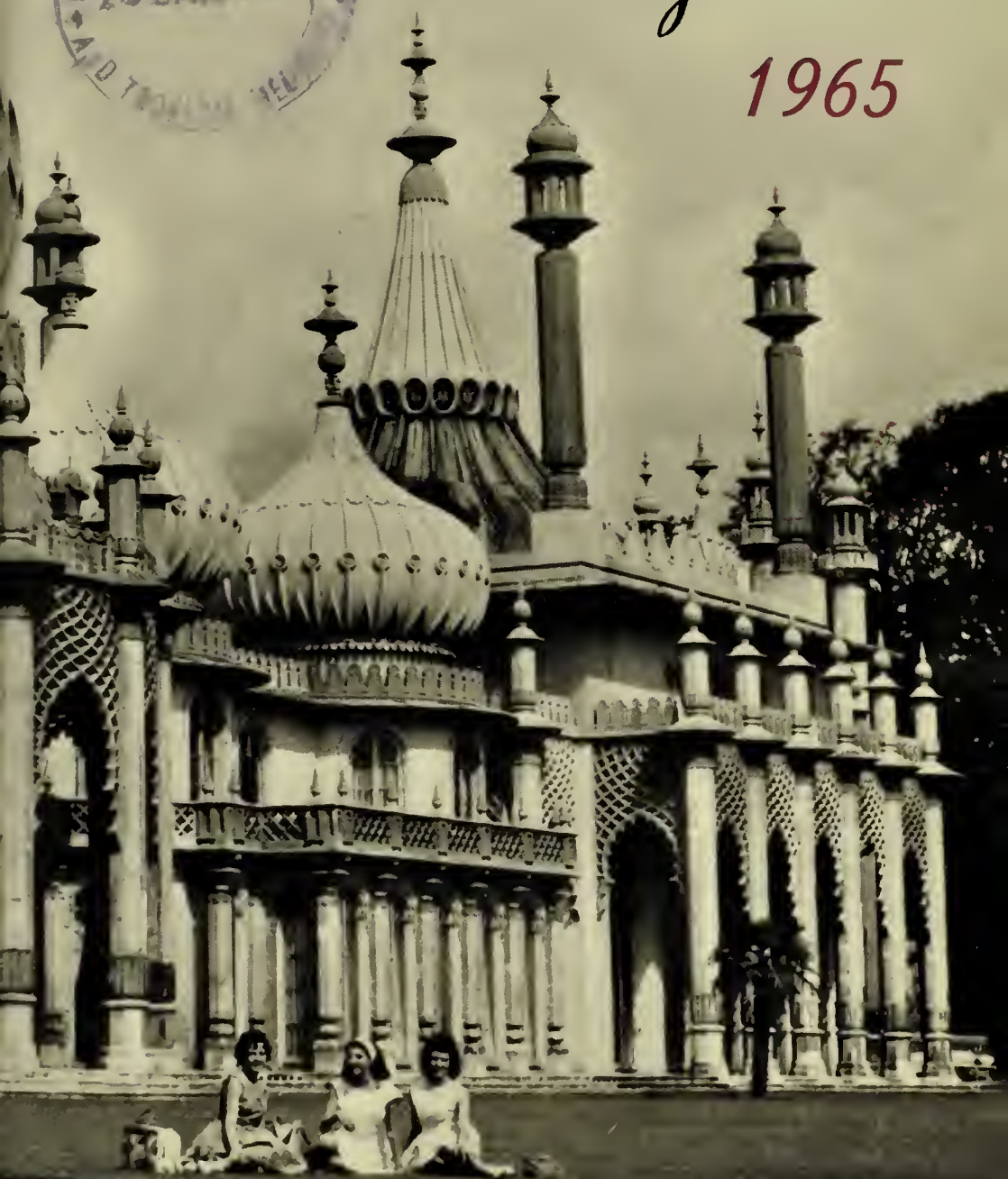
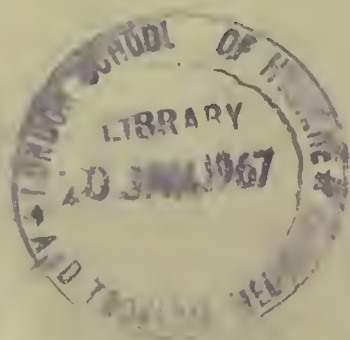
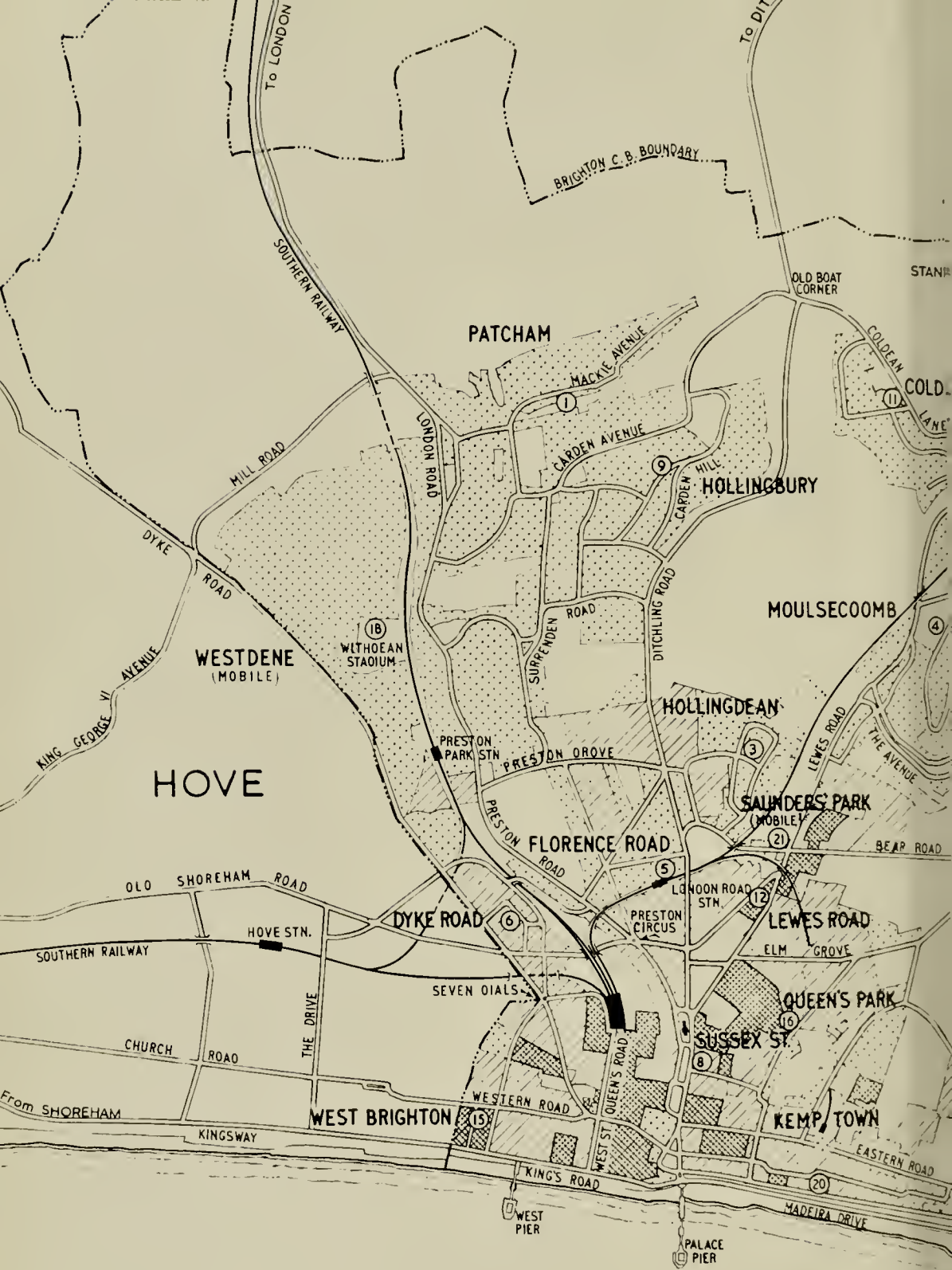


*The Health  
of  
Brighton*

1965





SCALE OF MILES (Approximate)



F. N. B. PATTERSON,  
B.Sc., A.M.I.C.E., M.I.Mun.E., M.I.H.E.,  
BOROUGH SURVEYOR, ENGINEER  
AND PLANNING OFFICER,  
BRIGHTON

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1965

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W. S. PARKER, V.R.D., M.B., Ch.B., D.P.H., D.I.H.

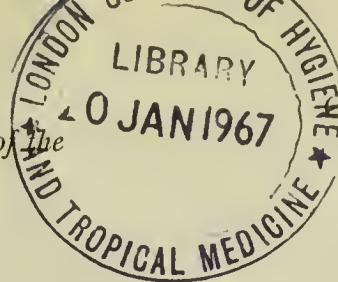
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Health Department,  
Royal York Buildings,  
Old Steine,  
Brighton, 1,  
Sussex.

Telephone : Brighton 29801







October 1966

To the Mayor, Aldermen and Councillors of the  
County Borough of Brighton

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for 1965.

The circumstances affecting the health of the borough in this period are set out in the following pages, which record the devoted and efficient work of your Health Department.

Mention should be made of the making of the Health Department film in May. This film entitled "In No Small Measure", in which your Health Committee took part, depicted the work of a typical health department and was produced by the Central Council for Health Education. The department is truly proud of this film, which, although a late entry for the International Health Film and Poster Festival held recently in Fiuggi, near Rome, received a high commendation.

On August 5th the Brighton Cancer Project opened its clinic for women to attend for cervical cytology and advice on cancer of the breast. The response has been most enthusiastic.

In September the British Medical Association was host to some sixteen hundred delegates to the World Medical Assembly in London. As part of this meeting two hundred and fifty delegates came to Brighton in September for a demonstration of the responsibilities of a local health authority under the National Health Service. The programme included an address by the Medical Officer of Health, an exhibition and various local visits. Many vital links with overseas delegates were forged at this brief encounter.

An interesting and valuable seminar on Word-blindness was held in December, with Dr. Bannatyne of the Word Blind Centre of the Institute of Child Health as principal speaker. The audience of over a hundred of those involved in the care of the handicapped child came from all over Sussex.

I regret that the Council in October did not accept my advice that fluoride should be added to the public water supply.

I remain convinced that my recommendation would affect great savings to the finances of the borough and eliminate ultimately much unnecessary suffering to the children of the town.

My deputy, Dr. W. H. Allen, left in December to join the Hertfordshire County Council. I wish to express my personal appreciation of the considerable contribution made by Dr. Allen to all aspects of the work of the department.

Grateful acknowledgment is made to the following for their help and collaboration in the common task of promoting the health of our townspeople:

The Chief Officers of the Corporation;

The family doctors of Brighton;

The hospital services and staff;

Dr. J. E. Jameson and the staff of the Public Health Laboratory;

Many voluntary associations in the town.

I conclude by thanking the Chairman and Members of the Health Committee for their encouragement and support which has greatly helped me in my work.

Yours faithfully,

W. S. PARKER,

*Medical Officer of Health.*



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# MEMBERS OF COMMITTEES ON 31st DECEMBER 1965

## Health Committee

HIS WORSHIP THE MAYOR (ALDERMAN D. S. Y. BAKER, M.B.E., J.P.)	COUNCILLOR G. W. HUMPHREY
ALDERMAN G. B. BALDWIN (Chairman)	„ Mrs. C. L. NETTLETON
„ A. W. BRIGGS	„ R. B. ROGER-JONES
„ H. NETTLETON	„ Dr. A. SLESS
„ A. V. NICHOLLS	„ Mrs. H. P. SOMERVILLE
COUNCILLOR R. BATES	Dr. L. J. BEYNON
„ Mrs. B. CARROLL	Mr. M. J. GILKES, F.R.C.S.
„ G. R. CARTER	Miss E. B. HYSLOP
„ Mrs. G. M. CECCOTTI	Mr. J. JACKSON
„ A. E. CLACK	Mr. J. J. LOUGHRAN
„ J. CURRIE	Mr. F. MARTIN
„ A. FELD	Dr. H. G. PAGE
	Mr. R. H. COLEMAN-COHEN

## Health (General Purposes) Sub-Committee

HIS WORSHIP THE MAYOR (ALDERMAN D. S. Y. BAKER, M.B.E., J.P.)	COUNCILLOR HUMPHREY
ALDERMAN BALDWIN	„ Mrs. NETTLETON (Chairman)
„ NETTLETON	„ Dr. SLESS
COUNCILLOR Mrs. CARROLL	„ Mrs. SOMERVILLE
„ CARTER	Dr. BEYNON
„ CURRIE	Miss HYSLOP

## Public Health Officers

Medical Officer of Health:

W. S. PARKER, V.R.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

W. H. ALLEN, B.Sc., M.B., B.Ch., D.C.H., D.P.H. (resigned 31st December)

Senior Medical Officer:

A. G. BAILEY, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer of Health:

MARGARET GORDON SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers of Health:

MAXINE STANIFORD, M.B., Ch.B., D.P.H. (resigned 31st December)

\*DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O.

\*MURIEL G. WARREN BROWNE, M.B., Ch.B.

\*ANNE B. COWAN, L.R.C.P., L.R.C.S.

\*BERYL P. EADIE, B.Sc., M.B., B.Ch.

\*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.

\*DAPHNE M. HUNT, M.B., B.Chir., M.R.C.S., L.R.C.P.

\*ELSPETH MORRISON, M.B., B.S., M.R.C.S., L.R.C.P.

\*BARBARA J. NEWMAN, M.B., B.S.

Senior Consultant Chest Physician: G. H. C. WALMSLEY, M.B., Ch.B., D.P.H.

Consultant Chest Physician: F. B. MEADE, M.B., B.S., M.R.C.P.

Public Analyst: \*T. E. RYMER, F.R.I.C.

Veterinary Officer: \*S. GOURLEY, M.R.C.V.S. (died 6.1.1965)

\*J. S. J. LAUDER, M.R.C.V.S. (from 19.2.65)

Chief Public Health Inspector: R. S. CROSS, F.R.S.H., F.S.I.A.

Chief Nursing Officer: Mrs. E. BEITH, S.R.N., S.C.M. (Part 1), H.V. Cert.

Superintendent Midwife: Mrs. M. WOOD, S.R.N., S.C.M.

Chief Administrative Mental Health Officer: T. RASMUSSEN

Chief Ambulance Officer: A. J. SUMPTER, F.I.A.O.

Domestic Help Supervisor: Miss M. I. HUMPHERSON

Chief Clerk: R. ASPDEN, D.P.A.

\*Part-time



# HEALTH COMMITTEE

## Delegated Powers

1. Pursuant to Part II of the Fourth Schedule to the National Health Service Act 1946, all the powers and duties of the Council as local health authority under the National Health Service Acts 1946-1961, the National Health Service (Amendment) Act 1957, and the Mental Health Act 1959.

2. All the powers and duties of the Council under:—

- (a) The Public Health Act 1936: Sections 39 drainage and 44-52 (sanitary conveniences, drains and cesspools); 75 (provision of dustbins); 79-82 (noxious and offensive matter); 83-86 (filthy or verminous premises, articles and persons); 89 (sanitary conveniences at inns etc.); Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 187-195 (nursing homes); Sections 196 and 198 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Section 205 (employment of women in factories, etc.); Part IX (common lodging houses) and Sections 259-261 (water-courses, ditches etc.);
- (b) The Food and Drugs Act 1955 (except Part III—provision and regulation of markets and Sections 70-73 and 81);
- (c) The Midwives Acts 1936 and 1951;
- (d) The Brighton Corporation Act 1931: Sections 230-235 (slaughter houses); Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 395-397 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act 1936: Section 29 (nuisance from pigeons); and the Brighton Corporation Act 1948: Section 47 (as to decorative repair of working-class houses) so far as affects notices served under Section 93 of the Public Health Act 1936, Part VII (infectious diseases and sanitary provisions) and Part VIII (food);
- (e) The Shops Acts 1950 to 1965 and Part I of the Young Persons (Employment) Act 1938;
- (f) The Diseases of Animals Act 1950;
- (g) Factories Act 1961, except the powers and duties of the Council as Fire Authority;
- (h) Fabrics (Misdescription) Act 1913;
- (i) The Prevention of Damage by Pests Act 1949;
- (j) Rag Flock and Other Filling Materials Act 1951;
- (k) Slaughterhouses Act 1958, and Slaughter of Animals Acts 1933 to 1954;
- (l) Merchandise Marks Act 1958;
- (m) Pharmacy and Poisons Acts 1852-1941; Pharmacy and Poisons (Amendment) Act 1964;
- (n) Cancer Act 1939, Section 4 (institution of proceedings);
- (o) Prevention of Damage by Rabbits Act 1939;
- (p) Riding Establishments Act 1964;
- (q) Nurses Agencies Act 1957;
- (r) Nurseries and Child Minders Regulation Act 1948;
- (s) Pet Animals Act 1951;
- (t) Agricultural Produce (Grading and Marking) Acts 1928-1931;
- (u) Fertilisers and Feeding Stuffs Act 1926;
- (v) Mines and Quarries Act 1954; Part XIII;
- (w) The Brighton Corporation Act 1954: Section 28 (as to defective premises) and Section 29 (registration of premises used for sale of certain frozen liquids);
- (x) The Clean Air Act 1956, except so far as it relates to the control of new buildings;
- (y) Agriculture (Safety, Health and Welfare Provisions) Act 1956 (Sanitary conveniences for agricultural workers);
- (z) Fishing Industry Act 1933, as amended by the Sea Fish Industry Act 1938 and the Sea Fish Industry Act 1959;
- (aa) Noise Abatement Act 1960;
- (ab) Brighton Corporation Act 1960, Section 13 (Disposal of lost and uncollected property) so far as it relates to property under the control of the committee;
- (ac) Public Health Act 1961: Sections 17, 18, 20, 21 (Drains and sanitary conveniences), 26 (Defective premises), 32 (Food storage in existing houses), 35-37 (Filth and vermin), 38-42 (Prevention and notification of disease), 72 (Discharge of steam), 74 (Powers as to pigeons) and 77 (Byelaws as to hairdressers and barbers);
- (ad) Home Safety Act 1961;

- (ae) The Offices, Shops and Railways Premises Act 1963 (except Sections 28-41);
- (af) The Animal Boarding Establishments Act 1963;
- (ag) The Licensing Act 1964; Sections 44 and 45 (Inspection of premises).

**Legislation under which duties are carried out, (a) for the Housing Committee:—**

- Housing Act 1949.
- Housing Act 1957.
- Housing (Underground Rooms) Act 1959.
- House Purchase and Housing Act 1959.
- Housing Act 1961.
- Housing Act 1964.
- Slum Clearance (Compensation) Act 1956.
- Housing (Financial Provisions) Acts 1958 and 1959.
- Underground Room Regulations, made by the Council in 1962 under the Housing Act 1957.
- Housing (Management of Houses in Multiple Occupation) Regulations 1962.
- Housing (Prescribed Forms) Regulations 1957 to 1965.
- Housing (Repairs and Rents) Act 1954.
- The Rent Act 1957.
- The Rent Act 1965.
- Rent Restriction Regulations 1957.
- Protection from Eviction Act 1964.
- Landlord and Tenant Act 1962.
- Section 47, Brighton Corporation Act 1948.
- Standards for houses in multiple occupation made under the Housing Act 1961, and approved by the Council in 1963.

**(b) for the Planning Committee:—**

- Declaration of Unfitness Orders under the Land Compensation Act 1961.
- Town and Country Planning Act 1962, under which reports are made regarding loss of residential accommodation.
- The Building Regulations, 1965.

# VITAL AND GENERAL STATISTICS 1965

Home population Mid-year (Registrar-General's estimated figure) ... ..	162,520
Area (in acres) ... ..	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1965	55,567
Rateable value of Borough at 1st April 1965 ... ..	£11,084,805
Product of the rate of one penny 1965-66 ... ..	£45,464
Marriages, 1,321. Rate per 1,000 population, 8.13.	

Live births:						Males	Females	Total
Legitimate ... ..	...	...	...	...	...	1078	1012	2090
Illegitimate ... ..	...	...	...	...	...	159	151	310
						1237	1163	2400

						Area comparability factor (births)		Adjusted birth rate
Live birth rate (per 1,000 population) ... ..						14.77	1.11	16.39
" " " (England and Wales) ... ..								18.1
								Rate per 1000 (live and still) births
Stillbirths—total ... ..						30		12
" " " (England and Wales) ... ..								16

Total live and stillbirths ... ..	2430
Infant deaths (legitimate 32; illegitimate 6) ... ..	38
Infant mortality rate per 1,000 live births—total ... ..	16†
" " " " " (England and Wales) ... ..	20
" " " " " legitimate live births ... ..	15
" " " " " illegitimate live births... ..	19
Neonatal mortality rate per 1,000 live births ... ..	10
" " " " " " " (England and Wales) ... ..	13
Early neonatal mortality rate per 1,000 live births ... ..	9
" " " " " " " (England and Wales) ... ..	11.3
Perinatal mortality rate per 1,000 live and still births ... ..	21
" " " " " " " (England and Wales) ... ..	26.9
Illegitimate live births per cent of total live births ... ..	12.9
Maternal deaths (including abortion) ... ..	1
Maternal mortality rate per 1,000 live and still births ... ..	0.41
" " " " " " " (England and Wales) ... ..	0.25

							Area comparability factor (deaths)	Adjusted death rate
Deaths	...	...	...	...	...	2618		
Death rate (per 1,000 population)					...	16.11	0.70	11.28
„ „ (England and Wales)					...			11.5

†Lowest recorded

### Causes of Death (Registrar General's Return)

							Males	Females	Total
1	Tuberculosis of Respiratory System ...	...	...	...	...	...	6	2	8
2	Other forms of Tuberculosis ...	...	...	...	...	...	1	—	1
3	Syphilitic Disease ...	...	...	...	...	...	3	1	4
4	Diphtheria ...	...	...	...	...	...	—	—	—
5	Whooping Cough ...	...	...	...	...	...	—	—	—
6	Meningococcal Infections ...	...	...	...	...	...	1	1	2
7	Acute Poliomyelitis ...	...	...	...	...	...	—	—	—
8	Measles ...	...	...	...	...	...	—	1	1
9	Other infective and parasitic diseases ...	...	...	...	...	...	—	3	3
10	Malignant Neoplasm of Stomach ...	...	...	...	...	...	26	24	50
11	Malignant Neoplasm of Lung or Bronchus ...	...	...	...	...	...	112	31	143
12	Malignant Neoplasm of Breast ...	...	...	...	...	...	—	42	42
13	Malignant Neoplasm of Uterus ...	...	...	...	...	...	—	28	28
14	Other malignant and lymphatic neoplasms ...	...	...	...	...	...	108	147	255
15	Leukaemia and Aleukaemia ...	...	...	...	...	...	10	4	14
16	Diabetes ...	...	...	...	...	...	5	6	11
17	Vascular lesions of nervous system ...	...	...	...	...	...	148	261	409
18	Coronary disease, Angina ...	...	...	...	...	...	303	220	523
19	Hypertension with heart disease ...	...	...	...	...	...	18	26	44
20	Other heart disease ...	...	...	...	...	...	98	169	267
21	Other circulatory disease ...	...	...	...	...	...	56	64	120
22	Influenza... ...	...	...	...	...	...	2	3	5
23	Pneumonia ...	...	...	...	...	...	89	112	201
24	Bronchitis ...	...	...	...	...	...	79	39	118
25	Other diseases of respiratory system ...	...	...	...	...	...	7	3	10
26	Ulcer of stomach and duodenum ...	...	...	...	...	...	15	12	27
27	Gastritis, enteritis and diarrhoea ...	...	...	...	...	...	3	5	8
28	Nephritis and nephrosis ...	...	...	...	...	...	7	4	11
29	Hyperplasia of prostate ...	...	...	...	...	...	8	—	8
30	Pregnancy, childbirth, abortion ...	...	...	...	...	...	—	1	1
31	Congenital malformations ...	...	...	...	...	...	7	7	14
32	Other defined and ill-defined disease... ...	...	...	...	...	...	64	90	154
33	Motor vehicle accidents ...	...	...	...	...	...	19	4	23
34	All other accidents ...	...	...	...	...	...	31	49	80
35	Suicide ...	...	...	...	...	...	15	16	31
36	Homicide and operations of war ...	...	...	...	...	...	1	1	2
All causes ...							1242	1376	2618

### Deaths in Age Groups

Age groups	Under 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total
Totals	38	7	5	15	69	487	700	1297	2618

**Cancer of lung.** Percentage of all cancer deaths: male 46, female 11.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

# DEATHS OF INFANTS

RATE PER 1000 ADJUSTED LIVE BIRTHS

LEGITIMATE   
 ILLEGITIMATE

## QUINQUENNIAL AVERAGES

## ANNUAL FIGURES

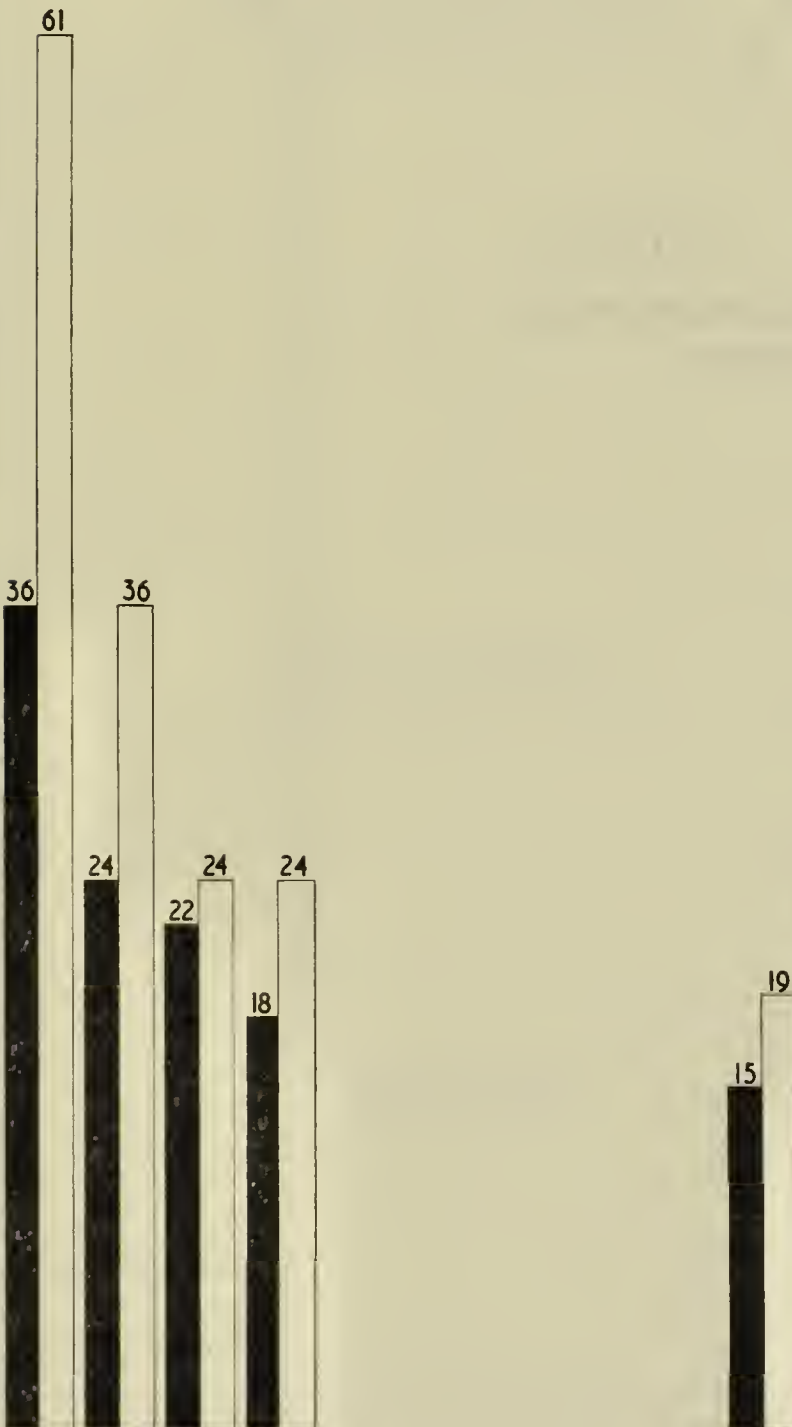
1946 - 1950

1951 - 1955

1956 - 1960

1961 - 1965

1965





# INFANT MORTALITY

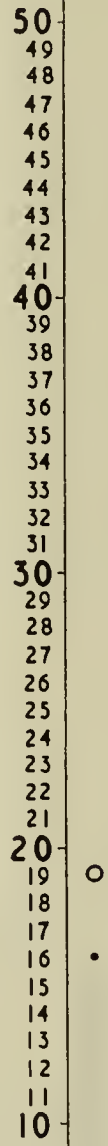
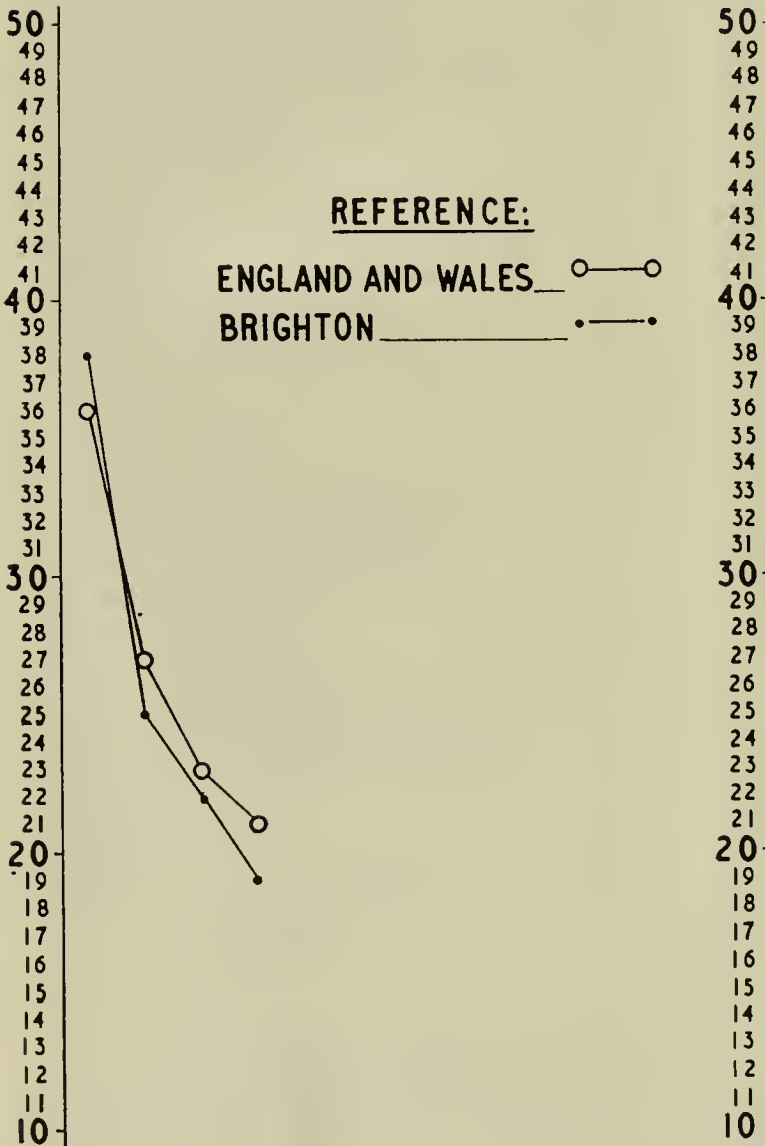
RATE PER 1,000 ADJUSTED LIVE BIRTHS

## QUINQUENNIAL AVERAGES

## ANNUAL FIGURES

1946 - 1950  
1951 - 1955  
1956 - 1960  
1961 - 1965

1965



CHILD WELFARE CENTRES:  
20  
No. OF HEALTH VISITORS:  
21

# DEATH RATES CHANGES

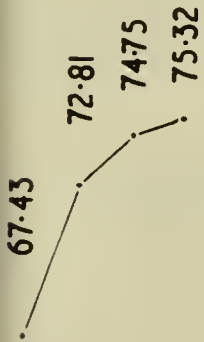
## QUINQUENNIAL AVERAGES

## ANNUAL FIGURES

1946 - 1950  
1951 - 1955  
1956 - 1960  
1961 - 1965

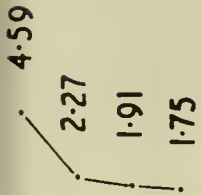
1965

### DEATHS 65 YEARS AND OVER EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



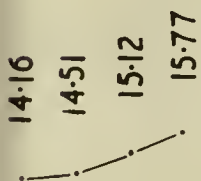
• 76.28

### DEATHS OF INFANTS EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



• 1.45

### DEATH RATE PER THOUSAND POPULATION



• 16.11

# INFANT MORTALITY

RATE PER 1,000 ADJUSTED LIVE BIRTHS

1956 1957 1958 1959 1960 1961 1962 1963 1964 1965

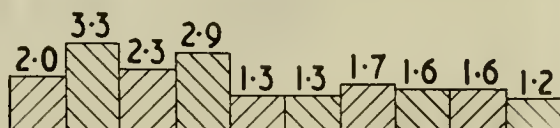
MEASLES:

0.4

WHOOPING COUGH :

0.5

INFLUENZA BRONCHITIS  
AND PNEUMONIA:



GASTRO-ENTERITIS :

0.5

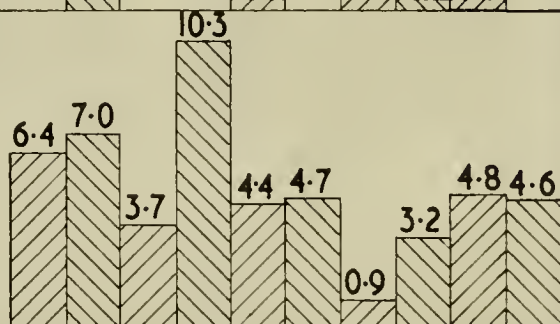
0.4

0.9

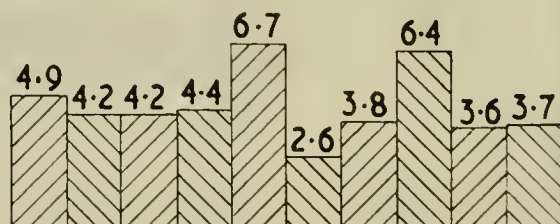
0.4

0.4

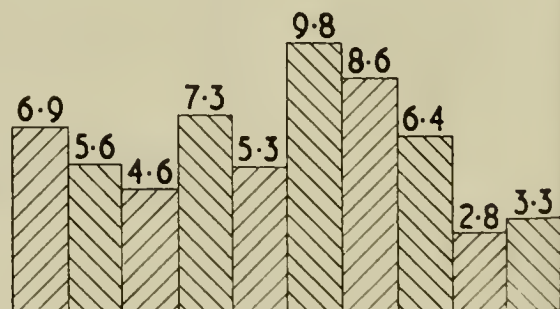
BIRTH INJURIES  
POST-NATAL ASPHYXIA  
AND ATELECTASIS:



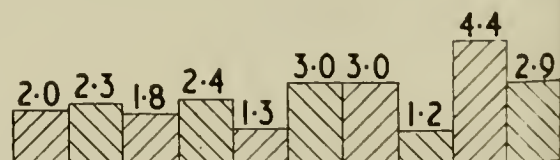
CONGENITAL  
MALFORMATIONS:



OTHER DISEASES PECULIAR  
TO EARLY INFANCY AND  
IMMATURITY UNQUALIFIED:



OTHER CAUSES:



# INFANT MORTALITY 1965

*Nett Deaths from stated causes at various ages under One Year of Age*

CAUSE OF DEATH	Under 1 Week		1-2 Weeks		2-3 Weeks		3-4 Weeks		Total under 4 Weeks		1-2 Months		2-3 Months		3-6 Months		6-9 Months		9-12 Months		Total Deaths under one year
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Meningococcal Infections ...																	1			1	2
Pneumonia ...												1			1				1		3
Congenital malformations of heart ...	1	1							1	1					1	1					4
Other congenital malformations ...	2	1							2	1		1									5
Injury at birth ...	6	1							6	1											7
Post natal asphyxia and atelectasis ...	2	2							2	2											4
Pneumonia of newborn ...	1			1					1	1											2
Pemphigus and sepsis of newborn ...			1						1												1
Haemolytic disease of newborn...		1								1											1
Immaturity ...	2	2							2	2											4
Obstruction by inhalation or ingestion...												1	1								2
Accidental mechanical suffocation ...													1					1			2
All other causes ...																	1				1
	14	8	1	1					15	9		3	1	1	2	1	2	2	1	1	38





## INFECTIOUS DISEASES AND EPIDEMIOLOGY

### *Incidence*

The table on page 16 shows the number of cases of each infectious disease notified during the year, classified by age groups, and the number of cases removed to Foredown Isolation Hospital.

Table II appended gives a comparison between the numbers of cases notified during 1965 and those notified in 1964.

Infectious diseases diagnosed in hospitals within the Borough are notified by them irrespective of whether or not the patients are normally resident in the Borough. The Tables accordingly include the following cases who came from addresses outside the Borough:

Dysentery ... ..	4
Puerperal Pyrexia ... ..	1
Infective Hepatitis ... ..	1
Meningococcal infection ... ..	1

### *Scarlet fever*

The invasive action of the streptococcus now being of much less importance than in former times, it was decided during the year to relax the requirement that negative nasal and saliva swabs be obtained before permitting patients and contacts to return to school. Children are now permitted to return when the family doctor deems that they are fit to do so. Much of the clearance swabbing was undertaken by this Department, by arrangement with the medical practitioners, but swabbing by the Department is now normally restricted to food handlers or where there is evidence of mass infection in a group. Nasal and throat swabs are taken for initial diagnosis, but, in accordance with an arrangement agreed with Dr. Jameson, Director of the Public Health Laboratory Service, Brighton, clearance swabs in cases of streptococcal disease, including scarlet fever, are now taken of nasal secretion and saliva.

In addition to the 70 cases of scarlet fever, the majority of whom were notified on clinical evidence, reports were received from the Public Health Laboratory Service of 94 cases from whom *Haemolytic Streptococcus, Group A*, was isolated in nasal and/or throat swabs. The usual investigations, as for scarlet fever, are made regarding these cases.

*Streptococcus Pyogenes, type 12*, was isolated in nine cases, three of whom were admitted to Hospital suffering from acute nephritis.

### *Typhoid Fever*

One isolated case of typhoid fever occurred in a native of Trichinopoli, India. The patient, together with her husband and two children, left their home in Trichinopoli and spent nine days with relatives in Bombay where well water was drunk. They then travelled by air to London Airport. Seven days later the patient developed symptoms of vomiting, rapidly rising temperature, dehydration and later severe diarrhoea. On the fourth day of illness, she was admitted to Foredown Isolation Hospital where specimen stools were taken which proved to be positive to *Salmonella Typhi*. All known contacts, including several Indian families, some with a history of typhoid fever, were kept under surveillance for 22 days and faeces specimens taken where necessary. No further cases occurred and the patient made a satisfactory recovery.

### *Food Poisoning*

Cases notified and confirmed bacteriologically numbered 21. The causative organisms isolated were:

<i>Salmonella Typhi-murium</i> ...	...	18
<i>Salmonella Brandenburg</i> ...	...	2
<i>Salmonella Enteriditis</i> ...	...	1

14 cases occurred in three family outbreaks, the other cases occurring sporadically. Two symptomless carriers of the organisms were found amongst the family contacts.

In addition, 60 cases of suspected food poisoning were brought to the notice of the Department, but were not confirmed bacteriologically. In all such cases, full investigations are carried out in an endeavour to ascertain a possible source of infection. Any suspected foods remaining available, and faeces specimens from affected persons, are submitted for bacteriological examination.

### *Dysentery*

224 cases of suspected dysentery were brought to the notice of the Department or were discovered by the Public Health Inspector during the course of his investigations. Of these, 103 persons were confirmed bacteriologically as being infected with *Shigella Sonnei*.

It will be seen from Table II that the incidence of dysentery in the Borough was considerably higher than in 1964, and, as a result of an outbreak occurring in the early summer which extended to most parts of the Borough, it seems likely that many more cases occurred than came to the notice of the Department. The outbreak commenced in May and soon five Infants' Schools became involved. I instituted the usual measures of excluding bacteriologically positive children and checking family contacts. The medical practitioners serving the Borough were notified of the prevalence of the disease and advised, where two or more cases of diarrhoea occurred in a family, to regard them as dysentery cases and to give them appropriate treatment without waiting for bacteriological confirmation. They were also asked to ensure that all affected school children were excluded from school for at least one complete school week, and to exclude all food handlers in such families from work and to notify details of these so that appropriate measures might be taken to ensure their freedom from infection before return to their employment.

The routine measures in regard to hand hygiene and disinfection were put into operation in the schools and a circular letter was sent to all the parents of children asking them to insist on hygiene drill in the home.

### *Infective Hepatitis*

In May 1962, the Council made an Order declaring infective hepatitis (jaundice) to be a notifiable disease in Brighton. This has enabled valuable epidemiological studies to be carried out. It is desired to continue these studies and the Ministry of Health have agreed an extension of the Order until December 1968.

### *Coxsackie Virus Infection*

An outbreak of *Coxsackie 5B virus* was confirmed in a residential school in Brighton. Of 97 children and teaching staff, 23 were affected. The condition presented itself in almost every patient by severe headache, slight photophobia and mild sore throat, severe abdominal pain with some vomiting but no diarrhoea, temperature around 101°F for three days, and in children over 14 years a severe girdle pain in the chest. There was a recurrence of the symptoms in some cases.

### *Venereal diseases*

New local cases treated at the Brighton Special Treatment Centre.

				1965		1964	
				M.	F.	M.	F.
Syphilis...	...	...	...	13	4	4	4
Gonorrhoea	...	...	...	165	59	124	37
Other conditions				178	63	128	41
				259	109	278	116

The total number of patients attending the Brighton Centre for the first time was 1,300.

Permission has been received from the Head Postmaster for the display in all post offices in Brighton of the addresses of V.D. Clinics.

The Deputy Medical Officer of Health continues to serve on the sub-committee of the Brighton and Mid-Sussex Division of the British Medical Association which is examining the increase of venereal disease among young persons.

TABLE II

Disease	1965	1964	Disease	1965	1964
Scarlet fever...	70	87	Measles	2075	671
Poliomyelitis	—	—	Puerperal pyrexia	17	20
Acute pneumonia	34	39	Ophthalmia neonatorum	5	6
Paratyphoid...	—	6	Dysentery	102	9
Enteric or typhoid fever	1	1	Food poisoning	21	6
Whooping cough	30	48	Acute encephalitis	1	4
Diphtheria	—	—	Meningococcal infection	3	3
Malaria	—	2	Infective hepatitis	61	159
Erysipelas	6	4			

## CARE OF MOTHERS AND YOUNG CHILDREN

Dr. A. G. BAILEY, Senior Medical Officer

### *Congenital abnormalities*

The following 45 abnormalities were reported as being present in children born during 1965.

#### *Central Nervous System*

3 Hydrocephaly  
3 Anencephaly  
7 Spina Bifida  
2 Erb's Palsy

#### *Alimentary Tract*

4 Hare Lip  
5 Cleft Palate  
1 Exomphalos

#### *Skeletal System*

8 Talipes  
1 Arthrogryphosis

#### *Cardio Vascular System*

1 Ventricular septal defect  
1 Atrial septal defect  
1 Patent Ductus Arteriosas

#### *Genito Urinary System*

1 Renal Cyanosis  
2 Hypospadias

#### *Skin*

2 Melanoma  
1 Mole  
1 Naevi (multiple)  
1 Webbed toes

These abnormalities were found in 32 children including four stillborn and 28 liveborn of whom five died, four shortly after birth and one at three days old.

2 Stillborn babies had anencephaly and spina bifida.

6 live born babies had two or more defects and included four of the five who died; one of these had six major defects and died after 55 minutes.



Notifications per month in sequence were (1964 figures in brackets):

Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2	3	3	2	2	3	4	1	2	4	4	2
(6)	(6)	(4)	(7)	(8)	(1)	(4)	(8)	(3)	(5)	(1)	(1)

### *At Risk Register*

The arrangements made in 1964 were continued and at the end of 1965 there were 947 children "at risk"; 657 were under one year old, and the other 290 aged from 1 to 4 years. Many children are removed from the register at one year old.

During the year 517 children under five years received a screening test of hearing and 428 passed on first testing; 21 of these are to be reviewed later. Following further testing 22 children were referred to the audiology unit.

During the year those health visitors not previously trained in screening tests were trained in conjunction with the audiology unit so that from January, 1966, all children can be offered a screening test.

It is hoped that analysis of the information available in 3 to 5 years will yield some useful information on the research side.

### *Mobile Clinic*

During 1965 plans were made for a new mobile clinic to replace the existing caravan trailer type bought from Yorkshire (N. Riding) in 1961 and then 10 years old. The design is for a petrol driven vehicle built on a coach chassis with a body of 28ft. 6in. long overall and 7ft. 6in. inside width. There is to be adequate waiting space and storage and the heating will be built-in calor gas. It will have storage batteries for emergency power or for where it is impracticable to connect to the electricity mains.

The proposal received council approval and the vehicle should be available for use as a Child Welfare Centre, Ante-Natal Clinic, for Health Education display, and other departmental purposes in the Autumn of 1966.

### *Discussions*

Arrangements were made for regular meetings with the sessional medical officers. These were held at various centres and the opportunity was taken of showing them the Ambulance Station, Mental Craft Centre and Training Centre and the Day Nursery. This and the discussions and film shows on various aspects of the work of the Department proved of value.

## **VACCINATION AND IMMUNISATION**

The Ministry of Health introduced a new Annual Return to replace the existing ones. This was reported to the Health Committee and the new form of recording was introduced in April 1965. Notification fees since April have only been paid for records of children under 16 years of age, because it was agreed that records of persons aged 16 years or more were no longer of any real value for statistical purposes.

### *Smallpox Vaccination*

Record cards were received for 1,600 persons.

	Under 1 year		1-4 years		5-15 years		Total under 16 years	
	No.	Per-centage	No.	Per-centage	No.	Per-centage	No.	Per-centage
Primary ... ..	159	6.6%	1246	13.0%	49	0.2%	1454	3.8%
Revaccination ...	—	—	34	0.4%	112	0.4%	146	0.4%

Smallpox Vaccination has been given by general practitioners and by the Child Welfare Centres.

88 children under 1 year old and 377 over one year old were vaccinated by the family doctors.

71 children under one year and 918 children over one year old were vaccinated at the Child Welfare Centres.

The Health Department Staff were offered Smallpox Vaccination, and 182 vaccinations were given; 177 by Health Department Medical Officers and 5 by general practitioners. The policy is to ensure that Smallpox Vaccination is given to the Staff every three years. 70 part-time staff were also given smallpox vaccination.

#### *Anthrax Vaccination*

A Ministry of Health circular recommended that Anthrax vaccinations should be given to staff of firms dealing with material that could be contaminated. Arrangements have been made to give this vaccination to the employees at the Public Abattoir, and it has been offered to the employees of the local knacker's yard.

#### *Diphtheria, Whooping Cough or Tetanus Immunisation Separately or Combined*

	No. who received primary immunisation			No. who received booster injection		
	Age			Age		
	Under 5	Over 5	Total	Under 5	Over 5	Total
Diphtheria only ... ..	2	2	4	—	46	46
Whooping cough only ...	—	—	—	—	—	—
Tetanus only ... ..	2	63	65	1	45	46
Diphtheria/Whooping cough jointly ... ..	—	—	—	—	5	5
Diphtheria/Tetanus jointly ...	23	113	136	224	2209	2433
Diphtheria/Whooping cough/ Tetanus jointly ... ..	2290	48	2338	822	287	1109
Totals ... ..	2317	226	2543	1047	2592	3639

Children under five years old are immunised at the Child Welfare Centres and boosters are given at 18 months and 4½ years.

Boosters at five years and ten years are given at the Primary Schools by the School Medical Officers, and an immunisation clinic is held at the School Clinic on one afternoon each week.

The family doctors have also given primary and booster immunisations.

#### *Poliomyelitis Vaccination*

Sabin oral vaccine has been used on a sugar lump or in syrup. Salk vaccine has been requested by general practitioners on a few occasions, but no notifications have been received. This indicates that Salk vaccine was not given to persons under the age of 16 years.



*Completion of primary course of three oral doses*

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	Totals
1965	89	—	512	601
1964	402	35	995	1432
1963	84	5	105	194
1962	37	5	67	109
1958-61	57	36	91	184
Others under 16	57	34	17	108
TOTALS	726	115	1787	2628

In August it was agreed that oral polio vaccination should be given by Health Visitors (instead of the Medical Officers) at the Polio Vaccination Clinics and Child Welfare Centres. A medical officer is always readily available if needed.

It was also agreed that oral polio vaccine could be given at the same time as diphtheria/tetanus/whooping cough and diphtheria/tetanus vaccines. This causes the primary course of oral polio vaccine to be given to children earlier at 2, 3, and 4 months old, instead of 6 months old. A booster diphtheria/tetanus/whooping cough and poliomyelitis is given at 18 months old and another at school entry.

*Boosters of oral polio vaccine*

Year of Birth	General Practitioners	Poliomyelitis Vaccination Clinic	Child Welfare Centres	Totals
1965	—	—	—	—
1964	8	1	118	127
1963	6	2	31	39
1962	3	—	10	13
1958-61	259	905	336	1500
Others under 16	41	5	6	52
TOTALS	317	913	501	1731

I have extracted the following information from a letter received from the Ministry of Health:

*Vaccination and Immunisation of Children*

The following table shows the percentages vaccinated for your authority together with the equivalent national figures:

	Children born in 1964			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Poliomyelitis (3)	
England and Wales... ..	70	71	65	33
Local Authority ... ..	83	83	71	49

The figures in columns (1) to (3) are calculated to show the percentage of children born in 1964 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1965 and were under 2 years old at the time, and is calculated as a percentage of children born during 1964. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

#### *Personal Immunisation Record Cards*

It has been decided to reprint the personal immunisation record on the back page of the Infant Weight Record card to enable parents to keep both records together. The separate small card in a plastic container will no longer be used.

#### *B.C.G. Vaccination*

See page 43.

#### *Yellow Fever Vaccination*

See page 45.

### **MATERNITY AND CHILD DENTAL WELFARE**

W. H. GARLAND, B.D.S., L.D.S., Principal School Dental Officer

397 pre school children aged 1 to 4 were initially examined during the year and the majority were re-examined at least once again in keeping with the policy to diagnose dental decay as soon as possible and to enable these children to become accustomed to the dental surgeon and the dental surgery. 114 of these children required treatment during the year and 313 fillings were inserted, 74 teeth conserved by other means, 78 were extracted and 42 general anaesthetics administered.

However kind and skilful the anaesthetist, the dental surgeon and dental nurses it is a remarkable young child who at the age of three is not affected by the extraction of a tooth. Fortunately the resilience of children is such that in the majority of cases all is soon forgotten, but in some cases a long time is required and to these children dentistry is regarded with fear and trepidation. Many of these extractions could be avoided by fluoridation of the water supply and with it the gratitude of children who will lay awake with toothache and from the parents to whom a preventable visit to the dentist with their child is a harrowing experience to all concerned.

The number of children seen and the work done by the Dental Department on pre-school children has increased considerably during this year. I would like to thank the Health Visitors for the increase in the pre school patients as it is their advice and encouragement in many instances that persuades mothers to seek early dental inspection for their children.

The reinforcement of the Health Visitors' work by means of a "dental" birthday card for three-year-olds did not materialize this year owing to various difficulties but we are ready for the introduction of the card in 1966.

#### *Dental treatment*

School Dental Officers provided treatment for mothers and young children under five years of age at five different centres during the year. A total of 136 sessions was devoted to maternity and child welfare patients during 1965, an increase of 40 sessions over the previous year. An analysis of the work carried out is given below:

*Number of Cases*

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year* (3)
Expectant and nursing mothers ...	3	3	3
Children aged under 5 and not eligible for school dental service ...	397	114	83

\*If a patient has more than one course of treatment during the year, each course has been counted.

*Dental Treatment provided*

	Scalings and gum treat- ment	Fillings	Silver nitrate treat- ment	Crowns and inlays	Extrac- tions	General anaes- thetics	Dentures provided		Radio- graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	1	9	—	—	—	—	—	—	—
Children aged under 5 years and not eligible for school dental service	—	313	74	—	78	42	—	—	—

Figures refer to number of treatments and not to number of persons.

*Number of Premises and Sessions*

Number of dental treatment centres in use at end of year for services shown above ... ..	5
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... ..	136

**NURSING AND ALLIED SERVICES**

Mrs. EILEEN BEITH, S.R.N., H.V., Chief Nursing Officer

Once again I am pleased to report that the nursing sections of the department were fully established throughout the year. Immediate replacements were available to fill the few vacancies which occurred in both the midwifery and health visiting sections.

Changes in the midwifery team are recorded in the Non-Medical Supervisor's report: we were particularly sorry to lose the services of Mrs. Beard who had been on the staff for 25 years.

Miss Ralph, who joined the health visiting staff in August, 1964, was married in September, 1965, and moved to Middlesex where she is continuing health visiting. Before Miss Ralph left Brighton, a series of photographs were taken of her in varying work situations; these photographs have since been used in the Council for the Training of Health Visitors Pamphlet, entitled "The Health



Visitor". This pamphlet has been widely distributed throughout the British Isles in an attempt to attract young suitably qualified persons to the profession. Large copies of the photographs were also used on the Training Council's stand at the Nursing Mirror Exhibition held in London, in October, 1965.

A further series of photographs are to be taken in 1966 of Miss Ralph at work in her new area, which will be on display at the "Nursing Mirror" Exhibition in London in October, 1966.

Mrs. Rolfe, district health visitor, who has shown a particular bent for this work, was given a year's leave of absence, in order to study for the Diploma in Health Education.

Miss Watts retired from her post as Superintendent of the Queen's Nurses, Brighton District Nursing Association, on December 4th, 1965. Miss Watts had worked closely with the Health Department Staff, and will long be remembered by the many Queen's Nurses who were students in the Brighton Training Home. She was succeeded on December 13th by Miss Hall-Owst, formerly deputy nursing officer in Hove.

Due to the national shortage of health visitors, and the possibility of recruitment difficulties in future, it was agreed that two suitably qualified nurses should be sponsored for health visitor training annually. Several applicants were interviewed, and the two successful candidates, Miss Goldin and Miss Jones, entered the training school at Brighton Technical College in September, 1965. On successfully completing the course, they will join the health visiting staff in August, 1966.

The Health Visitor Training centres throughout the country implemented the new syllabus of training in September 1965. The Council for the Training of Health Visitors in introducing this new syllabus of training, have provided for a basic preparation, set out in five different sections, which should meet the needs of future student health visitors.

The Sections are as follows:

- |             |   |
|-------------|---|
| Section I   | Development of the Individual               |
| Section II  | The Individual in the Group                 |
| Section III | Development of Social Policy                |
| Section IV  | Social Aspects of Health and Disease        |
| Section V   | Principles and Practice of Health Visiting. |

The Training Council also recommended that experienced health visitors should be responsible for the practical training of the students, and that these persons should be known as "field-work instructors". Council also recommended that the staff chosen for their special skills in practical tuition, should themselves receive a course of instruction in teaching techniques. Four health visitors attended these courses, two at St. Andrews University and two at Manchester University.

During the year these members of staff have been responsible for the practical work supervision of student health visitors from the Brighton Training Centre, from Battersea College of Technology, from Leicester City, and from the Royal College of Nursing, London.

Further decentralisation of the health visiting staff took place early in the new year, when two of the staff moved to the newly-built Hillside Clinic, within the curtilage of the Moulsecoomb Schools. The premises are shared with two members of the school health service staff: this arrangement has contributed greatly towards closer co-operation between the two departments.

A questionnaire circulated to local general practitioners showed that over 85% of doctors working in Brighton were in favour of the attachment of

health visitors to group practices. Unfortunately, due to certain administrative problems, it has not been possible to develop this service further during the current year.

Monthly staff meetings have been held for the health visitors, with joint meetings with the midwives and school nurse health visitors when topics of mutual interest have been under discussion. Important topics discussed have included the New Syllabus for the Training of Health Visitors; Sub-normal children; current trends in child-care (Children's Department); battered-babies; dental caries, and cervical cytology. The films—"Learning to Live", "Peace of Mind" and "According to Plan" were also reviewed at a staff meeting.

Regular meetings have also been held for the midwives, and the January meeting was attended by Miss Snelling, from the Central Midwives Board when the following items were under discussion: routine 48-hour discharge of mothers from maternity hospital, the revision of parts of the Central Midwives Board Rules, the use of gas and oxygen anaesthesia in maternity cases as an alternative to trilene, and the conditions of service of pupil midwives. Miss Snelling afterwards paid several domiciliary visits with the midwives.

Invitations were accepted from the Brighton General Practitioner Obstetricians Forum for the medical and midwifery staffs to attend three meetings during the year. Many members of staff attended these meetings, and took part in the discussions following the formal lectures.

- |                |   |
|----------------|---|
| 25th January   | "Cerebral Anoxia from an obstetric point of View"—Professor Lennon of Bristol University.                       |
| 26th March     | "The Case against Domiciliary Midwifery"—Mr. Logan Edwards, Birmingham University.                              |
| 27th September | "Uterine Cancer Reviewed for the General Practitioner—Yesterday, Today and Tomorrow"—Mr. Stallworthy of Oxford. |

In addition, the Senior Medical Officer, Non-Medical Supervisor of Midwives, and the Chief Nursing Officer attended evening meetings with the Obstetricians and Midwives of Southlands Hospital, and the two meetings of the Local Maternity Liaison Committee which were held during the year.

Two special study days were the highlights of the in-service training programme. Clinics were closed on both occasions, so that all the medical, nursing and social work staffs could attend. A whole day was spent at Sussex University on March 30th, when a variety of speakers reviewed the problem of "Epilepsy". On December 3rd, Dr. A. Bannatyne of the Word Blind Centre of the Invalid Children's Aid Association gave an erudite lecture on "Dyslexia" in the Conference Room of the Royal Pavilion. On both occasions, we were joined by representatives from neighbouring local authorities.

In addition, members of the Brighton Health Department staff attended lectures during the week October 19th-22nd at the East Sussex County Nursing Association Refresher Course, and the department was also represented at the Ward Sister's Study Day, held on November 16th at the Royal Alexandra Hospital for Sick Children.

The Senior Medical Staff and Chief Nursing Officer held quarterly meetings with the local Paediatricians and discussed items of mutual interest. Topics included the audiology service, psychiatry and physiotherapy for cerebral palsied children, value of local authority staff co-operation at ward rounds and in paediatric clinics, and room thermometers for domiciliary confinements.

There was a steady stream of visitors to the department throughout the year, student health visitors, hospital student nurses, student district nurses, social science students and pupil midwives. Two groups of doctors studying for



the Diploma in Public Health visited Brighton on May 11th and November 4th. The programme was changed from the traditional pattern of former years and the students accompanied health visitors and public health inspectors on domiciliary visits, and met at the end of the day for discussion. This method proved far more beneficial than the previous visits of observation, and gave the students a truer insight into the practice of Public Health in this country.

At the request of the Ministry of Health, the Chief Nursing Officer arranged a study tour of Brighton, in April, for Miss Helen Nahm, the Dean of the School of Nursing, University of California. Miss Nahm was particularly impressed with the training facilities for nurses in this area, both pre- and post-graduate.

The work of the nursing section of the health department has aroused considerable interest during the year, both locally and nationally. In addition to talks to the Brighton Ladies Circle, the Duke of Edinburgh Students, the Mothercraft Training Centre, the Sussex Group of the National Association of Nursery Matrons, the East Brighton Rotary Club and the student health visitors at the Brighton Technical College your Chief Nursing Officer read a paper at the Royal Society of Health Congress, held in Eastbourne in April, 1965. On October 11th, the Chief Nursing Officer was invited to give a paper on the nursing aspect of "A New Look at Home Care", at a London meeting of the Home Counties Federation of the Queen's Institute of District Nursing. The whole meeting was recorded and later broadcast by the B.B.C. in "Woman's Hour", and a tape recorded interview with the Chief Nursing Officer was used by the B.B.C. Overseas Service in transmission to the Commonwealth.

#### *Medical Arrangements for Long Stay Immigrants*

The problems which arise in connection with the health and treatment of long-stay immigrants to this country are of national concern. In January, 1965, the Chief Medical Officer of Health to the Ministry of Health issued a circular to all local authorities entitled "Medical Arrangements for Long-Stay Immigrants". This circular contained, inter-alia the following:—

a. "At ports of arrival long-stay immigrants, both Commonwealth and alien, who are referred to medical inspectors will be given a hand-out printed in languages which they are likely to understand (on the lines of the example shown) the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence so that (if he thinks it desirable) he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.

b. Long-stay immigrants who are referred to medical inspectors at the ports will also be asked to provide their destination addresses and these will be sent to the Medical Officer of Health of the county or county borough concerned (including also Scotland and Northern Ireland) with a request that he should try to persuade the immigrants to act on the advice they have been given in the hand-out. Medical Officers of Health and local officers of the Ministries of Labour and Pensions and National Insurance will also be supplied with copies of the hand-out in case they come into contact with immigrants who have not received one or apparently lost it.

c. In the near future it is hoped that arrangements can also be made in respect of those dependants who obtain entry certificates in their country of origin for their names and destination addresses to be entered on a tear-off slip in their passports. This slip will be detached by the immigration authorities and passed to the medical inspectors so that the port medical officer can send the address on to the appropriate Medical Officer of Health in the same way as in the case of holders of Ministry of Labour vouchers."

The notifications received from the medical inspectors at the ports in respect of immigrants providing a Brighton address, are passed to the Chest Clinic

Health Visitors. Home visits are made, the scope and arrangement of the National Health Service explained, and appointments made for the immigrants and their families to attend the Chest Clinic for X-ray.

Statistics for 1965 are as follows:

(a)	Number of advice notes received	...	...	82
(b)	Number of first successful visits	...	...	64*
(c)	Number of cases of pulmonary tuberculosis	...	...	1

\*Includes 6 visits to immigrants for whom advice notes were not received.

### *Nursing Homes*

The number of nursing homes on the register at the end of the year was

Maternity Homes	...	...	...	Nil
Other homes	...	...	...	16
Total number of beds	...	...	...	327

Three of these homes are also registered to take mental health patients (see Mental Health Service Report page 48).

During the year the owners of the Nursing Homes have carried out the necessary alterations recommended by the inspecting officers, thereby complying with the "Conduct of Nursing Homes Regulations 1963", as recommended in the Nursing Homes Act 1963.

### *Ante-Natal and Post-Natal Clinics*

*Number of Brighton cases attended:*

				<i>Ante-Natal</i>	<i>Post-Natal</i>
Brighton General Hospital	...	...	...	1178	800
Sussex Maternity Hospital	...	...	...	956	682
Municipal Clinics	...	...	...	540	18

## **CHILD WELFARE CENTRES†**

### **ANTE-NATAL CLINICS\***

\*(Examination by appointment through Health Department)

1. PATCHAM, 2-4 p.m., 2nd and 4th Mondays  
†Mackie Hall, Mackie Avenue.
2. BEVENDEAN, 2-4 p.m. Mondays  
†Church Hall, Heath Hill Avenue.
3. HOLLINGDEAN, 2-4 p.m. Mondays  
†St. Richard's Church Hall, The Crossways.
4. MOULSECOOMB, 2-4 p.m. Tuesdays†  
\*Barn Hall, Hodshrove Road.
5. FLORENCE ROAD, 2-4 p.m. Tuesdays  
†Baptist Church Hall.
6. DYKE ROAD, 2-4 p.m. Tuesdays  
†St. Luke's Church Hall, Exeter Street.
7. WOODINGDEAN, 2-4 p.m. Wednesdays  
†Methodist Church Hall, The Ridgway.
8. SUSSEX STREET, 2-4 p.m. Wednesdays and Thursdays†  
\*The School Clinic.
9. HOLLINGBURY, 2-4 p.m. Wednesdays†  
Church Hall, Lyminster Avenue  
\*Mobile Clinic in Forecourt.
10. WHITEHAWK, 2-4 p.m. Thursdays†  
\*The Clinic, Whitehawk Avenue.
11. COLDEAN, 2-4 p.m. Thursdays  
†The Barn Church, Coldean Lane.
12. LEWES ROAD, 2-4 p.m. Mondays and Fridays  
†Congregational Church Hall.

13. ROTTINGDEAN, 2-4 p.m. alternate Fridays  
†Public Hall, Park Road.
14. SALTDEAN, 2-4 p.m. alternative Mondays  
†St. Martin's Church Hall, Longridge Avenue.
15. WEST BRIGHTON, 2-4 p.m. Tuesdays  
†Christ Church Hall, Bedford Place.
16. QUEEN'S PARK, 10.30-noon and 2-4 p.m. Wednesdays  
†St. Luke's Church Hall, Queen's Park Road.
17. WOODINGDEAN, 2-4 p.m. Fridays†  
\*Hazel Cottage, Warren Road.
18. WESTDENE, 2-4 p.m., 1st, 3rd and 5th Mondays†  
\*Mobile Clinic, Withdean Stadium Car Park.
19. SALTDEAN, 2-4 p.m. Tuesdays  
†St. Nicholas' Church Hall, Saltdean Vale.
20. KEMP TOWN, 10.30 a.m.-noon Wednesdays  
†St. Anne's Church Hall, St. George's Road.
21. LEWES ROAD-HOLLINGDEAN ROAD  
\*Mobile Clinic, Saunder's Park.

### *Ante-Natal Record Card*

In 1963 copies of a national type ante-natal record card were sent to local authorities, local executive committees and maternity hospitals, by the Ministry of Health. This record card was reconsidered at a meeting of the local Maternity Liaison Committee, and the general consensus of opinion was that it was too complicated, and requested unnecessary details.

It was therefore decided that the ante-natal communication card already effectively in use, was to be preferred.

### *Maternal Mortality*

One death occurred. The patient had been admitted to a Brighton Hospital with a septic abortion and developed anuria. Because of continued anuria she was transferred to a London hospital where she died.

### *Puerperal Pyrexia*

There were 17 cases of puerperal pyrexia notified during the year; 3 district cases and 14 hospital cases.

### *Ophthalmia Neonatorum*

5 cases of ophthalmic neonatorum were notified. One illegitimate baby was discharged straight from the maternity hospital to a foster-mother in another local authority, and was therefore not followed up by a Brighton Health Visitor. The 4 other cases responded successfully to treatment, although one child developed squint later in the year, and was referred to the ophthalmologist for observation.

### *Mothercraft and Relaxation Classes*

Mothercraft and relaxation classes were held weekly at the Sussex Street Clinic, and during the year 85 mothers attended. The mothercraft talks and group discussions are conducted by the midwives and health visitors and the relaxation classes by the physiotherapist. The local maternity hospitals organise similar classes for the mothers booked to be confined in hospital.



*Premature Live Births*

	TOTAL	Died within		
		24 hours of birth	1-7 days	7-28 days
Born in hospital ... ..	132	7	5	—
Born at home and nursed there ...	5	—	—	—
Born at home and transferred to hospital on or before 28th day ...	1	—	—	1

*Premature Stillbirths*

Born in hospital ... ..	15
Born at home ... ..	Nil

The specially adapted incubator continued to be kept at the Ambulance Station ready for instant use throughout the year.

*Family Planning Clinic*

Three sessions continue to be held at the Sussex Street Clinic. The number of Brighton residents attending for social reasons was as follows:

	<i>Appliance Methods</i>	<i>Oral Contraception</i>
New cases ... ..	359	64
Check visits ... ..	532	126

Nine new patients attended the clinic on medical grounds, and thirty-three patients paid follow-up visits.

*Care of Unmarried Mothers and their Babies*

During the year, the local authority accepted financial responsibility for 30 unmarried mothers. This was an increase of three on the previous year.

The social workers employed by the Chichester Diocesan Moral Welfare Association made the necessary arrangements for the mothers to be accommodated in homes before and after the confinement, and also gave support and advice to the mothers, and the families of the young unmarried girls involved. The local authority continued to contribute to the funds of the Association and also made grants towards the maintenance of Brighton women and their babies in their homes. The mothers themselves contributed towards their upkeep with such maternity grants as they were entitled to receive. Where possible, the social workers also contacted putative fathers for contributions.

*Phenylketonuria*

Routine urine tests were made on all babies born during the year, but no positive results were recorded.

*Early Detection of Deafness*

All babies are now subjected to the routine screening test of hearing at the age of seven months. This has been made possible by the completion of training of all health visitors in the techniques of carrying out these simple tests.

Any baby who fails to respond to these tests is referred to the audiology unit for expert advice. (See page 9 of the School Health Report).

### *Child Welfare Centres*

At the end of the year there were 20 Child Welfare centres, including one held in the mobile clinic. Two clinics that were originally held in the mobile clinic now have permanent site buildings, one being at Saltdean, and the other at Kemp Town.

Three centres have two sessions a week, 14 centres have one session a week, and three centres have one session a fortnight. The number of children who attended during the year is as follows:

Children 0 to 12 months	...	...	...	...	...	1,917
Children 1 to 5 years	...	...	...	...	...	3,060
Total number of attendances at the clinics	...	...	...	...	...	42,173
Number of occasions children seen by doctor	...	...	...	...	...	19,260
Number of children seen at the child welfare centres referred for						
Orthopaedic treatment	...	...	...	...	...	156
Number of children seen at the child welfare centres referred for						
Ophthalmic treatment	...	...	...	...	...	107
Number of children seen at the child welfare centres referred for						
Dental treatment	...	...	...	...	...	343

### *Mobile Clinic*

The mobile clinic has continued to provide excellent coverage for child welfare clinics in outlying districts. The clinic is particularly popular as an ante-natal clinic—the mothers are spared unnecessary journeys, especially when they are accompanied by toddlers, and the midwives are able to see their own patients by appointment.

The vehicle is now beginning to show signs of wear, and it is hoped that a replacement mobile clinic will be available in the near future.

### *Orthopaedic Service*

Of the 322 children under five years treated at the Orthopaedic clinic during the year, 42 were new cases seen by the surgeon, and 68 were re-examinations at the surgeon's clinic. In all there were 922 attendances of pre-school children.

### *Verminous Cases*

Seventeen children aged under five were disinfested at the School Clinic centre.

### *Deprived Children*

Monthly meetings of the co-ordinating committee for dealing with problem families are attended by the Senior Health Visitor. More urgent problems are dealt with at personal case conferences. There is close co-operation between the Children's Department and Health Department staffs in the supervision of the children of these families.

Medical examinations are carried out by members of your medical staff at the request of the Children's Officer.

### *Nurseries and Child Minder's Regulations Act, 1948*

Three privately run day nurseries are registered with the local authority, and receive into their premises for reward a total of 66 children.

Six daily minders are registered, and authorized to receive a total of 60 children. There is also a considerable number of unregistered daily minders, i.e. persons taking less than three children into their homes, by day, for reward.

All these premises are visited at regular intervals, by the district health visitors, who submit a report on the conduct of the premises, and the care of the children.



In addition, there are now five play groups in the area. These are open, some for mornings only, some for afternoons only, for part or all of the week, and fulfil a useful purpose in preparing the children for the more rigid routine of school. These play groups are also inspected at regular intervals by the district health visitor.

### *Municipal Day Nursery*

The Manor House Day Nursery, which is maintained by Brighton Corporation, has places for 36 children between the ages of one and five years. The average daily attendance in 1965 was 29.

Transport is provided where necessary, the children travelling with escort in one of the department's mini-buses suitably adapted with seats and safety harness.

A senior medical officer visits the nursery each week and examines the requests for admission. The demand for places far exceeds the number of vacancies. Children are admitted only on the recommendation of a health visitor, family doctor or paediatrician.

Priority is given to children from homes where because of physical or mental ill-health the mother is unable to give the child adequate care, to illegitimate children whose mothers must work to support them, and to children from broken homes, where for financial reasons it is essential for mother to work.

Due to the lack of necessary facilities it is not possible to accommodate babies under the age of one year, although frequent requests are received. The new day nursery will accommodate 50 children, including 12 babies, and it is hoped that the new premises will be available in 1967.

In April, 1965, the Ministry of Health issued a Circular on the revision of standards for day-nurseries. The Brighton nursery is a training unit where student nursery nurses receive their practical experience. High standards and techniques are constantly maintained. The only recommendation which required attention at the time of the issue of the circular was the increase in the ratio of students to trained staff. The demand by students for places at the Nursery Nurse Training Centre is high, and no difficulty is experienced in filling all the vacancies.

### *Welfare Foods*

Welfare foods are issued from the kiosk open daily at Royal York Buildings and from Child Welfare Centres.

	1961	1962	1963	1964	1965
Orange juice, bottles... ..	44,397	28,978	32,597	36,019	41,666
Cod liver oil, bottles... ..	6,037	3,262	3,298	3,197	3,166
A and D tablets, packets ...	6,003	3,849	3,947	3,790	3,836
National dried milk, tins ...	33,807	35,765	32,582	34,045	32,062
Rose hip syrup, bottles ...	—	5,350	9,787	19,439	23,550
A and D drops, bottles ...	—	3,623	5,311	7,723	14,005

## DOMICILIARY MIDWIFERY SERVICE

*Non-Medical Supervisor:* Mrs. M. Wood

*Senior Midwife:* Mrs. A. L. B. Beard (retired March 31st, 1965)

*Midwives:* Mrs. G. Armstrong  
 Miss M. F. de Chantal Costello  
 Miss C. J. M. Dean  
 Mrs. E. Fellbaum  
 Miss J. D. Murray  
 Mrs. E. M. Ormond Francis (left service February, 1965)  
 Mrs. C. O'Connor (left service May, 1965)  
 Miss L. A. Raeburn (left service September, 1965)  
 Miss E. Eccles (left service November, 1965)  
 Mrs. M. Wilkinson (commenced service April, 1965)  
 Miss M. Munt (commenced service June, 1965)  
 Mrs. C. McIntosh (commenced service October, 1965)  
 Mrs. M. E. A. Ashing (commenced service October, 1965).

During 1965 there were a number of changes on the staff; at the end of March, Mrs. Beard, Senior Midwife, retired after 25 years' devoted service; a presentation of a gold fob watch and a picnic knapsack was made to Mrs. Beard by her many friends and colleagues, wishing her a happy retirement.

For the first time in the history of the department one of the midwives, Miss M. F. de Chantal Costello, was seconded to take the Midwife Teachers' Course at Kingston Training College from June 27th to December 18th 1965. Miss Costello fully justified her selection for this course by obtaining her diploma in January, 1966.

During the year the district facilities for the training of pupil midwives were extended. The two flats in Whitehawk House were converted to a whole house making six complete bedrooms. This permitted four pupils from Southlands Hospital to join the Horsham Hospital pupils already established with us. The full complement of six pupils has been maintained throughout the year.

All the midwives have motor transport and radio telephones. The pupil midwives use public transport, taxis, and when necessary, the ambulance cars between the hours of 2 a.m. to 6 a.m.

Two midwives attended refresher courses as required by Rule 63 of the Central Midwives' Board. Student nurses from the Royal Alexandra Hospital for Sick Children visit patients in their homes with the midwives once a month to observe the care of mothers and babies at home.

Ante-Natal Clinics	...	{	Monday: Sussex Street Tuesday: Sussex Street and Woodingdean Wednesday: Sussex Street and Whitehawk Thursday: Moulsecoomb, Mobile alternate Hollingbury and Withdean Friday: Mobile, Saunders Park.
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Relaxation and Mothercraft classes are held weekly on Tuesdays from 9 a.m. at Sussex Street Clinic; 129 persons asked for appointments and 85 attended.

Number of mothers delivered in 1965	...	354	}	355
Stillborn	...    ...    ...    ...    ...	1		

Medical aid was required for 110 mothers and 31 babies as follows:

*Mother—during pregnancy*

Toxaemia...	...	...	20
Low H.B....	...	...	1
Postmaturity	...	...	4
Premature rupture of membranes	...	...	6
Ante-partum haemorrhage	...	...	7
Foetal irregularities	...	...	20
Twin pregnancy	...	...	1
Miscarriage	...	...	1
Abdominal pain	...	...	2
Miscellaneous	...	...	1

*Mother—In labour and post partum*

Premature labour	...	...	5
Delayed 1st stage	...	...	2
Delayed 2nd stage	...	...	2
Episiotomy	...	...	3
Perineal repair	...	...	16
Retained products/placenta	...	...	4
Post partum haemorrhage	...	...	4
Thrombo phlebitis	...	...	6
Pyrexia	...	...	7
Puerperal depression	...	...	1

*Baby*

Discharging eyes...	...	...	7	Sub-normal temperature	...	...	1
Jaundice	...	...	2	Abnormalities	...	...	3
Poor colour and cyanosis	...	...	7	Umbilical Bleeding	...	...	1
Vomiting	...	...	1	Hernia	...	...	1
Pyrexia	...	...	7	Rash	...	...	1

The Emergency Obstetric Unit from Brighton General Hospital was not called out at any time during the year.

492 early discharges from hospital were cared for by the domiciliary midwives.

*Distribution of Midwifery Cases*

Hospitals and Nursing Homes	Number of Midwives at end of year	Number of beds	Number of cases from Brighton	Total number of cases
Brighton General	19	64	1181	1548
Sussex Maternity	30	62	845	1607
<b>TOTAL</b>	<b>49</b>	<b>126</b>	<b>2026</b>	<b>3155</b>
Domiciliary	9	—	355	355
Municipal Midwives	1	—	—	—
Private Midwives				
<b>TOTAL</b>	<b>10</b>	<b>—</b>	<b>355</b>	<b>355</b>

*Notification of Intention to Practise for Brighton area during year:*

Hospital midwives	...	60
Domiciliary midwives	...	15
Private midwife	...	1

Staff meetings were arranged for the Midwives at varying intervals. In addition, meetings with the Health Visitors and Queen's Nurses were held to facilitate co-operation and consultation.

## HOME NURSING

The Statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association (Queen's Nurses).

The establishment is 46 (including 3 Administrative and Supervisory Nursing staff).

Total number of cases nursed	...	3,538 (including 213 cancer)
Total number of visits	...	126,371

The Superintendent comments:

"The trend in Home Nursing continues to be geared to the older age group.



"The types of cases nursed differed very little from previous years, a slight decrease in the number of tuberculosis patients visited.

"All nurses are now issued with low reading thermometers for the purpose of the early detection of hypothermia."

### CARE OF THE AGED, 1965

It is estimated that 1 in 5 persons in Brighton is over the age of 65 years—this is well above the national average of 1 in 8. It is not surprising therefore, that there has once more been an upward trend in the number of persons brought to the attention of the health visitors specialising in this work. The constant support and friendly cheerful approach by these ladies is particularly appreciated by the elderly living alone. The work with the elderly with families in the neighbourhood is no less exacting, for these relatives need constant support and advice also.

There has been a heavy demand on all domiciliary services—home-helps, meals-on-wheels, chiropody, and laundry service. The supply of disposable draw sheets to bed-ridden, incontinent patients, and paddy-garments and pads to mobile incontinent patients has been greatly appreciated.

Convalescent holidays arranged at the request of the family doctor have provided a welcome change for the elderly and their relatives.

The emergency and week-end care for those in special need has increased, and an additional part-time assistant joined the staff of ancillary workers who carry out these special duties.

Night sitters continued to be difficult to find, although much needed to give relatives and friends occasional relief. The Queen's Nurses also experienced difficulty in finding night sitters, even on a retaining fee. In view of this an approach was therefore made to the organiser of a "baby-minders" agency regarding the possibility of employing members of her staff, with nursing experience, to act as night sitters. This proved to be a most useful contact, and a night sitting service was started in December 1965.

The service operates through the geriatric section of the health visiting service and direct arrangements are made by the health visitor with the agency. The service is not regarded as an emergency service: normally bookings are made at least two days ahead.

Transport is provided by the ambulance service which sends along a car to pick up the night sitter at her own home and convey her to the duty address. The driver of the car enters the premises with the night sitter to see that the situation is in every way suitable for her to be left there alone with the client. The driver makes a written note of the time at which the sitter will be picked up in the morning and conveyed back to her home.

Arrangements have been made for the Ambulance Service to keep a small amount of equipment for use by the night sitters. This normally includes a lamp with multiple adapters, a stove, a stock of candles for emergency use, matches, a supply of coffee, tea, sugar, a tin of dried milk, a clean blanket and a pillow with a pillow case for personal use. The kit also contains a label which includes the telephone number of the ambulance service.

Before leaving the night sitter the driver checks that the lady has a sufficient stock of small change with which to use the telephone if necessary, and to insert into an appropriate gas or electric meter.

The driver also ensures that there is adequate lighting and assists the night sitter with any emergency lighting equipment.

The service is now well established and is not expensive in view of the relief and care which it provides.

*Brighton Co-ordinating Committee for Old People's Welfare*

The objects of the Co-ordinating Committee are to facilitate co-operation between all existing Voluntary and Statutory bodies concerned in the welfare of elderly people; to find out any unmet needs which may exist; and to promote supplementary services to meet these needs either through its constituent bodies or by initiating a service itself.

A representative of the health department staff has attended, in an advisory capacity, the full committee and sub-committee meetings throughout the year.

*National Assistance Act 1948—Section 47*

There were two removals under this Section of the Act during 1965:  
*Mrs. G. (86 yrs.)*

This old lady was brought to the attention of the geriatric health visitor in June 1960, and was visited very regularly during the following five years. The Medical Officer of Health paid personal visits to her home on several occasions during 1964, and on March 4th 1965 reported as follows after visiting her once more:

"Mrs. G. is living alone in one room in conditions of squalor. She has only accepted the minimum of services from the Health Department and at all times has been resistant to any form of help. In addition to her general senile condition, she is suffering from gangrene of the foot, which may progress further to a fatal issue. There is no heating and no proper bedding.

The circumstances are that she is an old person who is unable to devote to herself and is not receiving from others, proper care and attention. She is aged, infirm, and living in unsanitary conditions.

I would recommend that she be removed to hospital and there detained for a period of three weeks."

Mrs. G. was admitted to Brighton General Hospital on March 8th 1965, where she died five days after admission.

*Mrs. M. (79 yrs.)*

This old lady was brought to the attention of the geriatric health visitor on 24th September, 1965. A home visit was paid immediately. The old lady had two rooms in the upper part of an old terraced house. She had only gas light in the kitchen and a small oil stove to heat and cook on. The fireplace was in a bad state of repair. She had lived there for twelve years. At the time of the visit, she sat on a chair in an apathetic and confused mental state. The landlady was not well enough to care for the old lady as she had herself suffered a stroke a few months before, which had left her paralysed down her left side. Mrs. M. had an appointment to attend the Out-Patients' Department of the Geriatric Unit on 28th September.

The hospital medical social worker reported on 28th September that Mrs. M. had been assessed at the Unit, and was considered to be suitable for Welfare Services accommodation.

The geriatric health visitor continued to visit very regularly, and an ancillary worker visited daily and each week-end. On the 25th October, the ancillary worker reported that Mrs. M. was very confused and difficult, and only took food under protest. The Medical Officer of Health visited the home on October 28th, and again on November 18th. After the second visit, he reported as follows:

"Mrs. M. is almost entirely confined to bed under the care of her family doctor. She is suffering from general weakness, partly due to her age, and partly due to her other ailments. In addition she has a gynaecological condition which will require a major operation and may prove cancerous. Mrs. M. is incoherent in her speech and is obviously on the brink of senile decay. This



lady is unable to care for herself and is living in very inadequate conditions which are rendered insanitary because she suffers from incontinence of urine. Her landlady is herself 73 and is suffering from the effects of a stroke.

In my opinion, Mrs. M. is aged, infirm, is physically incapacitated and is living in insanitary conditions, is unable to devote to herself and is not receiving from other persons, proper care and attention."

Mrs. M. was admitted to Female Ward at Brighton General Hospital on November 19th and was transferred to "H" Block on November 25th, due to her mental confusion.

The Director of Welfare Services was asked to arrange for the protection of Mrs. M.'s property after her removal to hospital.

### *Loan of Equipment*

A wide variety of equipment is available to patients from various sources on payment of a small fee. The local authority service, apart from a number of commodes issued free on more or less permanent loan to the aged, is managed by the Brighton District Nursing Association. In addition the British Red Cross Society maintains a loan depot and a Branch depot at Rottingdean, and many local chemists also lend equipment.

### *Home Help Service*

The main developments in the Service during 1965 were:

1. The appointment of an additional assistant organiser and the consequent division of the work into five districts instead of four.

2. An increase in the help given to families recommended by the Children's Officer—10 new cases helped and 1 continued from previous years as opposed to 5 and 1 in 1964.

3. Two groups of 20 home helps have attended a series of 8 lectures on the work of the Health Department and domestic subjects.

4. The occasional use of an additional mini-van has been a great help in increasing the frequency of routine visits by organisers to patients.

### *Home help to householders for persons*

Aged 65 or over on first visit in 1965	Aged under 65 at first visit in 1965				
	Chronic sick and tuberculosis	Mentally disordered	Maternity	Others	
No. of cases 1678	109	—	169	123	TOTAL 2079

### *Staff:*

No. of home helps (a)	Whole time	...	...	...	Nil
(b)	Part time	...	...	...	227
(c)	Whole time equivalent of (b)	...	...	...	122

### *Nurses' Agency*

There was one licensed nurses' agency on the register at the end of the year, with the following number of nurses on the register:

Female	...	...	S.R.N.	...	...	44
Male	...	...	S.R.N.	...	...	2
Female	...	...	R.S.C.N.	...	...	1
Female	...	...	R.F.N.	...	...	1
Female	...	...	S.E.N.	...	...	3

## HEALTH EDUCATION

A small group meeting monthly under the chairmanship of the Deputy Medical Officer of Health, planned and discussed Health Education activities throughout the year.

*Much of this activity, must of necessity, follow an accepted pattern.*

As a holiday resort *Beach and Water Safety* themes take precedence during the Summer months with the help of such organisations as ROSPA and the Keep Britain Tidy group. Members of the Ambulance service continue to teach "*mouth to mouth*" *resuscitation* to a number of youth organisations.

As Brighton has a vested interest in the Hotel and Catering Trade, the Public Health Inspectors undertake the education of Hotel and Catering staffs in "*Food Hygiene*" and the subject is highlighted at least once a year usually during the summer months.

In accordance with the Ministry of Health's request, attention was again drawn to the hazards of *smoking and lung cancer*, and the need to continue public interest in *immunisation programmes*.

*Various aspects of Home Safety* were presented with particular reference to the storage of dangerous drugs in the home.

During the year, the Consumer Association drew attention to the *new hazard* of "*Dangerous Toys*" with particular emphasis on the danger of lead paints which could cause irreparable damage to children. This subject was taken up in the pre-Christmas period with displays, posters, leaflets and articles in the local press.

*Under the title of "Good Looks Ahead"*, certain facts of health and personal hygiene were put before two school groups, i.e.:

A primary school group 8-11 years.

A secondary school group 11-16 years.

From the speed at which literature disappeared from the hall of the Health Department it seemed that many members of the public found this subject interesting, and over 2,000 booklets provided by the Milk Marketing Board were distributed. The hall of the Health Department proved a particularly fruitful source for the distribution of leaflets or pamphlets which drew attention to the Health Education "*theme of the month.*"

### *In Service Training*

Three members of staff continued courses in "Social Studies" and one was seconded to a course of whole-time training in Health Education at London University. A number of Health Visitors attended training courses as Field Work Instructors. All members of the Health Visiting staff attended short courses on the "Early Detection of Deafness", with a view to screening the pre-school child. A number of Day Courses on subjects of interest were attended by members of staff. In Service training courses were arranged by the Chief Nursing Officer for members of the Home Help Staff.

### *Teaching Activities*

Pre-formed groups of all types requested speakers or display material on health subjects and these requests were met. Lectures were given by members of the Medical and Nursing Staff at the Brighton and Hove School of Nursing, the Queen's Institute of District Nursing, and the Health Visitor Training Centre. Health Visitors and Midwives continued instruction in parentcraft at ante-natal and Child Welfare Centres.

Students from a wide variety of disciplines visited the department and practical work training for Health Visitor Students was arranged by the Chief Nursing Officer and the Organising Tutor to the Course.

*The Main Activity of the Year* was centred round the visit of the World Medical Association. A film showing the work of the Health Department in the implementation of the National Health Service Act (which will be used for Health Education purposes generally) was produced and with the co-operation of the Central Council for Health Education a small but successful exhibition was staged at the Hotel Metropole.

Contact was made with the department for Health Education at the new College of Education at Stanmer and it is hoped that this contact can be expanded and developed.

During the year a national ban was placed on the television advertising of cigarettes. A poster on "Smoking and Lung Cancer" was designed in the department and displayed to coincide with the ban.

### **AMBULANCE SERVICE**

Mr. A. J. SUMPTER, Chief Ambulance Officer

The number of patient journeys covered by the directly operated Service was reduced from 85,477 to 82,602 by making greater use of the Hospital Car Service which covered 4,754 patient journeys, making a total figure of 87,356 patient journeys for the whole Service.

During the year the Health Committee approved the extended use of the Hospital Car Service for two main reasons, first to provide more ambulance facilities for the increasing number of accident and emergency calls, and also to keep the waiting time of treatment patients returning home down to a reasonable minimum.

The accident and emergency figure rose by 287 calls to an all-time high total of 4,338. When these calls are received in groups of three and four in the space of a few minutes, general delay in other fields of operation can be experienced. Under these conditions a strict system of priorities is operated to ensure that attention is given to patients whose needs are greatest. Those with lower priorities have to be kept waiting on these occasions.

The increased use of the Hospital Car Service is already reducing delay. In turn this releases staff and vehicles for general ambulance work, resulting in all round improvement.

In November the daily transport of patients in the care of the mental health section was transferred to the Ambulance Service together with the appropriate vehicles and staff.

#### *Extensions and Alterations to Ambulance Station*

From September 1964 until October 1965 considerable alterations were carried out in the Ambulance Station, with extension of the Control Room, office accommodation, staff mess room, locker rooms, toilets, storage space and vehicle parking including staff car park, and the installation within the building of oil fired heating and domestic boilers and a P.A.B.X.1 telephone system.

The extended Control Room has been planned to provide a number of improvements to facilitate more efficient streamlining of communications planning, dispatch and recording.

#### *Training School*

It is pleasing to record the undoubted success of the Ambulance Service Training School, commenced in 1960, which over the years has provided both initial courses for recruits, and advanced courses for the men with at least two years' experience. This training is now producing a well trained and



experienced type of ambulance man, who is able to quickly adapt himself to the many daily circumstances with which he is faced. In this he is backed by technical knowledge and the ability to provide within his own para-medical limits, the best possible arrangements for the transfer of the seriously ill patient including appropriate initial treatment.

There is a growing appreciation by the medical and nursing professions of the ability of the ambulance-man. This is borne out by complimentary remarks as well as letters of thanks received. This sort of confidence has only been built up with the passage of time.

The staff are brought into the Training School for appropriate courses at the right time. When formal courses are not being run, the Training Officer accompanies trained crews on the more complicated removals and emergency calls in order to see at first hand the crew's approach to the problems. He is able to give constructive advice and where necessary, casework discussion can be held with the men. Points of outstanding interest are then passed on to other staff.

This stimulates a seeking for further knowledge amongst the staff which contributes greatly to their efficiency.

### *Resuscitation*

In January the Health Committee considered the problem of high pressure oxygen and resolved that I conduct a survey to ascertain the need for a high pressure oxygen chamber. In the meantime authority was given for the purchase of an Automan Resuscitator.

Dr. Rex Binning, Consultant Anaesthetist, was kept informed of the situation and strongly recommended that all our major ambulances be equipped with the Automan Resuscitators. The Committee agreed that a further 10 resuscitators and suction pumps should be obtained next year. The provision of a mobile high pressure oxygen chamber is being kept under review.

### *Visits to the Ambulance Station and other instruction to the Public*

During the year 500 members of 31 local organisations visited the Ambulance Station when talks were given on the Service and visitors shown round the vehicles and Station.

Demonstrations, with films, were given on Expired Air Resuscitation to 324 people from a further 11 organisations and 15 outside visits were made by Officers to give talks and show films relating to the Service and its work.

### *National Safe Driving Competition*

The following twenty awards were gained in the above Competition for 1965, by staff regularly engaged in driving, and for not having been involved in an accident in which they were held to be blameworthy.

18 Diplomas.

1 Ten Year Medal.

1 16-year special bar.

The figures of the last five years in the Competition are as follows:

Year	Total accidents	Blame-worthy accidents	Not blame-worthy	Miles run	Miles per blame-worthy accident	Miles per accident all types
1961	25	13	12	297,098	22,853	11,883
1962	28	17	11	296,231	17,425	10,579
1963	36	20	16	295,925	14,796	8,280
1964	30	19	11	304,197	16,010	10,139
1965	36	19	17	291,968	15,366	8,110





## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### TUBERCULOSIS

Five of the deaths from tuberculosis occurred in hospitals in the Brighton area. One of the deaths was from non-pulmonary tuberculosis.

The total number of primary notifications during the year was 44 pulmonary, 3 non-pulmonary.

10,397 attendances were made at the Clinic during the year of which 2,607 were by new cases.

269 of the new cases were referred by the Mass X-ray Unit. Ten of these had active tuberculosis.

52 patients were visited by the Chest Physicians in their homes and in hospitals during the year.

547 new contacts of cases of tuberculosis were examined during the year, three of whom needed treatment for tuberculosis in hospital.

96 school-children were X-rayed at the Clinic during the year, following positive tuberculin tests at school. Parents who accompanied them were offered chest X-rays. All had normal chest X-rays.

The three Tuberculosis Health Visitors continued to work from the Chest Clinic. They share the use of a mini van for visits.

All new entrants to the Health Department are required to undergo annual chest X-rays at the Mass X-ray Unit.

Home Nursing of cases of tuberculosis by Queen's Nurses of the Brighton District Nursing Association:

	No. of patients	No. of visits
Pulmonary tuberculosis ... ..	6	113
Non-pulmonary tuberculosis... ..	5	145
	<hr/> 11	<hr/> 258

#### *Rehabilitation*

One case is maintained at the British Legion Village, Aylesford.

#### *Supplementary foods*

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 56 patients were supplied with milk and 10 with butter and eggs.

#### *Occupational Therapy*

Three sessions were held each week in the Health Department work-room with a Demonstrator in attendance. In addition the Demonstrator visited patients in their homes.

Patients attending Royal York Buildings	...	...	...	23
Total attendances	...	...	...	1885
Sessions held	...	...	...	149
Patients visited in their homes	...	...	...	17
Number of Domiciliary visits made by Demonstrator	...	...	...	43

The Social Evenings held once monthly continued to be a success.

Patients attending	...	...	...	...	20
Total attendances	...	...	...	...	164
Total attendances by Guests	...	...	...	...	122

Coach outings during the Summer Months were enjoyed and coach bookings were filled.

Pottery is now fired successfully in the kiln provided at the 18 Club (see Mental Health Section).

Drawing equipment was provided for a few patients who thoroughly enjoyed this new venture.

Patients who were not able to travel by public transport but who were otherwise able to attend classes were conveyed by mini bus.

### *B.C.G. Vaccination of Contacts*

237 B.C.G. vaccinations were carried out at the Chest Clinic during the year.

### *B.C.G. Vaccination of School Children (11 years of age and over)*

	<i>Maintained Schools</i>		<i>Independent Schools</i>	
Number of eligible pupils ... ..	1646		750	
Number of consents received ... ..	1419		492	
Number of skin tests (including 94 retests) ...	1473		464	
Number of persons skin tested ... ..	1379		464	
Positive reactors to skin tests ... ..	46		35	
Post vaccination positive ... ..	81		44	
Vaccinated ... ..	1233		371	
	1965	1964	1965	1964
Consents received as % of those eligible ...	86.2%	90.9%	65.6%	56.9%
Positive reactors as % of persons skin tested...	3.3%	14.0%	7.5%	19.2%
Positive reactors + those vaccinated as % of those eligible ... ..	77.7%	76.8%	54.1%	52.8%

The percentage of consent cards received is still very high and confirms that parents are now accepting B.C.G. vaccination as a routine measure in the same way as triple and polio vaccination.

The positive reactors appear to have reduced considerably this year, but this coincides with the adoption of a more accurate definition of "positive reaction". There is every indication that the low percentage of positive reactors will continue to decrease as the incidence of tuberculosis is decreasing. This decreasing incidence, and consequent reduction in the natural immunity in the children makes the B.C.G. Vaccination even more necessary to prevent an increase in teenage cases.

Positive reactors who were not already under the care of the Chest Clinic were referred to the Chest Physician for X-ray.

### *Colleges of Further Education*

The Sussex University, the Teacher's Training College, and each of the Colleges of Further Education were offered B.C.G. skin tests and vaccinations. Many students had received B.C.G. Vaccination at their schools, but of those who had not had B.C.G. Vaccination before:

- 89 consents were received.
- 33 of those skin tested were positive reactors.
- 45 of those skin tested were vaccinated.

The number of positive reactors was once more high and was probably due to the high proportion of students from overseas.

### *Health Department Staff*

161 members of the Health Department Staff applied for B.C.G. Vaccination. Of these:

- 134 were skin tested.
- 106 were positive reactors.
- 24 were negative reactors.

The negative reactors were offered B.C.G. Vaccination and 23 were vaccinated.

The Ambulance Service Staff were also offered skin tests, and:

23 skin tests were given.

16 were positive reactors.

5 were negative reactors and were vaccinated.

### *Dermo-Jet Injector*

A new method of B.C.G. Vaccination by high pressure jet from a Dermo-Jet Injector penetrates the skin to give an intradermal injection. The Dermo-Jet is held near the skin surface and there can be no contamination with hepatitis or similar organisms. One Dermo-Jet was purchased in November and a few problems developed, one of which was the possibility of a spray of B.C.G. Vaccine bouncing off the surface of the skin. This new technique will be tested in the coming year, and if found to be successful, it will replace the syringes and needles which are used at present.

### *Skin Tests*

At the end of 1964 a School Nurse was trained to do the Skin Tests instead of a doctor. This nurse commenced doing the Skin Tests in January and also dealt with Inspections of the B.C.G. Vaccinations. This has released one medical officer from two-thirds of the B.C.G. sessions.

### *Mass X-ray*

The East Sussex Mass Radiography Unit is based in Brighton.

The Director of the Unit, Dr. B. G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

Age	Number X-rayed		
	Male	Female	Total
15 and under	108	179	287
16/25 ...	2269	2070	4339
26/35 ...	1220	968	2188
36/45...	1267	1454	2721
46/59...	1428	1624	3052
60 and over ...	880	807	1687
Totals	7172	7102	14274

Of the above total 2,694 people were sent by their family doctors to the Unit for X-ray examination.

### *Assistance from the Hedgecock Bequest*

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:

	£	s.	d.
Contribution towards gas and electricity accounts	4	18	5
Supplying and installing gas cooker ...	10	17	11
Emergency renewal of water supply ...	5	17	3
Groceries ...	4	0	0
Maintenance of old persons for short stay in nursing homes ...	46	13	11
Maintenance of old people's homes ...	127	9	0
Clothing ...	19	1	2
Installation of television aerial and licence ...	9	12	6
Contribution towards cost of funeral ...	32	17	6
Radio licence ...	1	5	0
	£262	12	8



*Convalescent and Recuperative holidays*

	<i>G.P. referrals</i>	<i>Others</i>
Children ... ..	—	4
Mothers and children ... ..	1	1
Adults ... ..	24	—
Geriatrics ... ..	60 female	—
	23 male	—

Seven cancellations were received.

It was again found necessary to book a bed at Patcham Grange W.V.S. Nursing Home as a large proportion of the cases were elderly and in need of some nursing care. Referrals of children were mainly from the School Medical Service.

*Travelling assistance*

No grant was made towards the cost of rail fares for relatives to visit patients in hospital.

**CHIROPODY SERVICE**

The demand for this service has continued to increase. At the latter end of the year one of the part-time chiropodists resigned and for a while it was impossible to accept new patients.

However, in December, a second full-time chiropodist was appointed and this put the service on a normal basis with regular re-appointments, at reasonable intervals. The establishment at the end of the year was two full-time and two part-time chiropodists.

Given below are the statistics for 1965 with comparable figures for 1964 in brackets.

Number of patients who received treatment in 1965:

Aged ... ..	1285 (1051)
Others ... ..	25 ( 41)
	<hr/>
	1310 (1092)
	<hr/>

Number of treatments given in 1965:

At the clinic ... ..	2867 (2806)
Domiciliary ... ..	3047 (2803)
	<hr/>
	5914 (5609)
	<hr/>

**YELLOW FEVER VACCINATION**

The Vaccination Centre has been open on Wednesday and Thursday afternoons.

1,275 persons were vaccinated against Yellow Fever in 1965, 29 less than in 1964.

The World Health Organisation has agreed to extend the period of validity for Yellow Fever Certificates from six years to ten years as from 1st January, 1966. Existing Certificates are now valid for ten years also, effective from 12th May 1965.

This is probably the reason for a slight reduction in the numbers vaccinated.

I am indebted to the Director of Welfare Services for the following information on blindness, epilepsy and spastics:



## INCIDENCE OF BLINDNESS

### *Follow-up of Registered Blind and Partially-sighted Persons—1965*

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:				
(a) No treatment ... ..	—	—	—	15
(b) Treatment (medical, surgical or optical) ...	20	6	—	44
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	8	5	—	44

In the above table the figures given relate to the primary ocular disease given on form B.D.8, but in (i) (a) complications and sequelae are given in 4 cases, of which 2 are cataract and 2 others; (b) complications and sequelae are given in 34 cases, of which 20 are Cataract, 4 are Glaucoma and 10 others.

Of the 70 cases in i (b) 64 were already patients at an Eye Hospital and 57 of these remain so. Four are prevented attending by general health, two refuse treatment and one died soon after registration.

Of the remaining six, four are prevented from having treatment by their general health and two have refused treatment.

The number of Forms B.D.8 received in respect of persons newly certified as blind or partially-sighted was 85.

### *Ophthalmia Neonatorum*

(i) Total number of cases notified during the year	5
(ii) Number of cases in which:	
(a) Vision lost ... ..	—
(b) Vision impaired ... ..	—
(c) Treatment continuing at end of year ...	—

## EPILEPTICS AND SPASTICS

### 1. EPILEPSY

At the end of the year there were 35 epileptics on the Handicapped Persons' Register maintained by the Welfare Services Department.

### *Part III Accommodation*

Three adults remained at the Chalfont Colony but the young man transferred there last year from Lingfield proved unsuitable and was discharged to his parents. Another young man was admitted during the year but disliked the Colony and voluntarily discharged himself. One woman was transferred from Lingfield to Chalfont and another remained in an Old Folk's Home.

### *Employment*

Four people were in full-time employment.

*Educational*

Four children were maintained at the Lingfield colony by the Brighton Education Department.

*General*

Two adults remained at St. Francis' Hospital. One woman continued to attend the Welfare Services Department Craft Centre. One man attended the Health Department's Occupational Therapy Classes.

(NOTE.—This information is based only on those people included in the Register).

**2. CEREBRAL PALSY**

At the end of the year there were 34 persons on the Register.

*Part III Accommodation*

Nine people remained in Part III accommodation maintained there by the Welfare Services Department. One of these remained in the Corporation old folk's home and one occupied a welfare bed at Brighton General Hospital. The remainder were in homes run by voluntary organisations, and arrangements were made during the year for two men to be transferred to homes nearer their parents.

*Holidays*

The Welfare Service Department assisted the local Spastics Society in arranging holidays for three spastics, meeting the full cost of one case and contributing towards the cost of the other two.

*Educational*

Two girls were maintained by the Education Department at the Chailey Heritage Hospital School and one boy remained at Craigy Parc Residential School. Another lad was under the care of the Children's Department and remained at a special school.

*Appliances*

Three Amesbury Chairs were provided during the year by the Welfare Services Department.

*Employment*

Three girls remained in full-time employment.

(NOTE.—This information is based only on those people included in the Register).

**MENTAL HEALTH SERVICE**

Senior Assistant Medical Officer of Health:

Dr. MARGARET SPENCER

Chief Administrative Mental Health Officer:

Mr. T. RASMUSSEN

Throughout the year the service has continued to operate successfully and has expanded according to plan. Work is in progress at 83 Beaconsfield Villas (a residential hostel for subnormal children), at New England House (an industrial training centre for adult subnormal persons); at the Downsview Training Centre (two additional classrooms) and 79 Stanford Avenue will be opened shortly as a residential hostel for 8 women recovering from mental illness.

The aftercare and preventive aspect of the work continues satisfactorily in co-ordination with other services and in particular with St. Francis Hospital. I would like to express my thanks to Dr. R. H. Wheeler, psychiatric adviser to the Department, and his staff for their willing co-operation.

During the year a Deputy Chief Administrative Mental Health Officer was appointed who will be responsible to Mr. Rasmussen for the day-to-day work of the Mental Welfare Officers. One Mental Welfare Officer, Mr. Allen, was successful in obtaining a place at London Polytechnic for a two-year course leading to the Certificate in Social Work. Four other officers have been granted the Certificate in recognition of experience in social work (Miss Murchie, Messrs. Rasmussen, Constable, and Denyer). We have also been fortunate in obtaining as a Trainee Mental Welfare Officer a graduate from Sussex University.

#### *Psychiatric Emergency Unit, Brighton General Hospital*

The arrangement whereby a Mental Welfare Officer attends five half-day sessions at the above unit continues to operate successfully.

The work there, as set out fully in the 1964 Annual Report, consists of gathering information as to the circumstances leading to a patient's admission, and obtaining case histories in co-operation with the Psychiatric Social Worker.

Where requested by the psychiatrist, patients are followed up after discharge when every help is given to enable them to cope with their circumstances and to keep going in the community.

The Mental Welfare Officer attending the unit also carries out any statutory duties necessary in connection with any patient who may require compulsory detention in hospital.

Since June 1965 the new Psychiatric Emergency Unit has been in operation. This provides additional beds and is equipped for electric shock therapy. Patients are thus able to remain longer in the Unit than previously and many do not then need to be admitted to the Mental Hospital.

The Unit also includes an occupational therapy unit which is attended by suitable day patients.

#### *Accommodation for After-care Cases*

Great difficulty is still experienced in finding suitable accommodation in the community for patients who are ready for discharge from mental hospital. Advertisements have been inserted in the local press. The few replies received have been unsatisfactory inasmuch that whilst accommodation was offered the landlady was not prepared to provide the extra care and supervision required, or to accept the possibility of having to cope with the sometimes difficult nature of these patients. The hostel at 79 Stanford Avenue will help in relieving this situation, but it is still quite evident that in the main, the public are not happy in accepting former mental patients into their homes.

#### *Administration*

With the various additions to the work of the Department more administrative work is necessary. This is carried out by Mr. Rasmussen and his deputy together with clerical and secretarial staff who also act as receptionists at the Follow-up Clinics which are held at the Herbert Hone Clinic on five sessions each week. During the year 149 clinics have been held with 2,234 patients attending.

#### *Mental Nursing Homes*

There were three registered homes on 31st December 1965. One home was closed during the year. All homes were inspected by the Medical Officer. The number of patients in such homes on 31st December 1965 was 44.



### *Mental Welfare Officers*

There is an establishment for 12 Mental Welfare Officers. At the end of 1965 there were 9 officers in post, all of whom are authorised to carry out statutory duties under the Mental Health Act 1959. A Trainee Mental Welfare Officer was appointed in May 1965. She is a university graduate and will in 1966 go forward on a training course leading to qualification.

The Mental Welfare Officers work in close conjunction with the psychiatrists at St. Francis Hospital and at Brighton General Hospital where patients are referred for after-care. One Officer is attached to the White House Day Hospital. In carrying out their after-care work, the officers co-operate closely with other Corporation Departments, Ministry of Labour, National Assistance Board etc. and Voluntary agencies.

During 1965, 493 patients were referred to the Mental Welfare Officers. This includes 182 referred from general practitioners and 126 from hospitals. 42 cases were dealt with from the Police and the Magistrates Courts. At 31st December 1965 702 patients were under the care of the Department.

A 24-hour service is maintained, the officers working on a rota to cover nights, weekends and public holidays, so that the services of a Mental Welfare Officer are always available when required by general practitioners, hospitals or police.

### *The Eighteen Club—18 Preston Park Avenue, Brighton*

Membership of the club has continued to expand throughout the year, and membership is now around the hundred and twenty mark, with average weekly attendances of 130. New activities have been introduced to keep pace with the growth of membership. Classes for pottery, oil painting, and music and movement have been started together with ballroom dancing instruction.

The Social Committee has been very active throughout the year, and the Tuesday evening socials have continued successfully. Coach outings were arranged to Wannock Gardens, Sheffield Park and the Bluebell Railway, and an evening mystery drive. Two Christmas parties were held when Father Christmas was a welcome visitor to the club. Exchange visits have been made with the White House Hospital social club.

The club held its first Open Day in July, when the premises were opened to the public. The Mayor, Mayoress and members of the Health Committee paid an official visit. On this occasion the Mayor promised to pay an informal visit to the club before his term of office expired, this he duly did in February this year. Due to the great success of the Open Day, it was hoped to make this function an annual event.

During the year the club has received many visitors, from other local authorities, from Health Visitors, D.P.H. students and the induction course of Brighton Corporation.

Close contact is still maintained with St. Francis Hospital, with the Physician Superintendent approving all new applications for membership. Patients from the hospital have visited the club, and participated in the activities.

The General Purposes Committee has continued its responsibilities for the running of the club, and for arranging most of the activities. All suggestions from club members are discussed at the monthly meetings, and decisions and recommendations forwarded to the Medical Officer of Health for his consideration.

### *Downs View Training Centre*

The Nursery Training of the 2 to 5-year-olds, started when the Training Centre opened in June 1962, has proved its value by 1965. During the year 4 children were



transferred to Woodside E.S.N. school. It is apparent that in 1966 4 or 5 children will be ready to enter a Normal Infants' School at 5 years with about the same number ready for Woodside E.S.N. School.

Some of these children on admission appeared considerably mentally retarded but increase in emotional stability and improvement in health has allowed them to develop greatly. Not only is the training and society of other children beneficial here but also the opportunities for fresh air and physical exercise often so lacking in overcrowded and otherwise poor home conditions.

Considerable variations of ability within the senior teaching groups still hampers progress of the more intelligent. The two new classrooms to be completed in 1966 will be of great benefit in subdividing the various categories of ability.

#### Categories of trainees attending the Training Centre:

Junior Department...	...	...	69
Adult Department ...	...	...	67
			<hr/>
Total	...	...	136
			<hr/>
Nursery	...	...	14
Junior 1	...	...	14
Junior 2	...	...	14
Senior 1	...	...	11
Senior 2	...	...	16
Adult Male	...	...	37
Adult Female	...	...	30
			<hr/>
Total	...	...	136
			<hr/>

#### *Training*

This comes under the main headings of:

Self Help,  
Occupation,  
Communication,  
Sociability.

The training is geared as far as possible to suit the capability of the individual. It will be seen at once that the teaching and training has had good results by the fact that during this year three children were transferred to Primary School and seven to the E.S.N. School.

It is important that one should not base the success or failure of a training centre on the numbers transferred to normal school, otherwise the main aims of the training centre could well be lost. We are in the main catering for the child who will never be able to attend normal school, yet on the other hand can with training geared to his or her capabilities develop to a much greater extent than was at once thought possible.

At the present time we have ten trainees coming into the centre daily on Public Transport.

#### *Contract Work*

The Adult trainees are engaged on contract work for part of the day which includes operations to, and assembly of, plastic components. A certain amount of laundry work is carried out for the Local Authority.

In the Financial Year ending 31st March 1966 the total income from contract work was £1,850.

Several students from Sussex University have from time to time spent periods in the centre working with children in the classrooms.

### *Youth Club*

In this connection I include with appreciation the information that these students from the University organised for a six-week period a very successful Youth Club for the trainees from this centre.

### *Swimming*

This is included in the training programme, and parties are taken each Thursday morning to St. Luke's swimming baths. It is hoped that in the very near future our own swimming pool will be completed, thus allowing more trainees the opportunity of learning to swim.

### *Future Trends*

Two more classrooms are being built. One is to be used as a Junior Classroom thus reducing the number of children per class. In the other room we are to organise a special care unit catering for children who are severely handicapped both physically and mentally, thus extending the services already provided at Downs View. As a temporary measure a prefabricated classroom has been brought into use.

### *Training of Students*

Student Health Visitors, Queen's Nurses, students from University and Teachers Training College, spend time in the Department, accompany officers on suitable visits and receive tuition from the staff of the Health Department.

Downs View Training Centre is acknowledged as a teaching unit for students on the National Association for Mental Health Diploma Course for Teachers of Handicapped children.

## **COMMENTS ON DOWNS VIEW TRAINING CENTRE**

by Dr. MARGARET SPENCER,

Senior Assistant M.O.H. for Mental Health

During 1965 the Principal School Medical Officer arranged for the following Health Services to be available for trainees at Downs View.

1. March 1965. Chest X-ray by M.M.R., whose Director arranged for the mobile unit to be taken to Downs View. All trainees over 15 years old, whose parents gave consent, had a chest X-ray. All the results were negative.

2. September 1965. Mr. Garland, Principal School Dental Officer, arranged to inspect all the Junior trainees.

He obtained, on loan from East Sussex County Council, a mobile treatment unit, and for several days worked at Downs View with his team.

About 6 children needed hospital admission to complete their treatment and these admissions are slowly taking place as beds become available.

Gratitude is due to Mr. Garland for his patience and pertinacity in getting this treatment for children with whom local dental practitioners have had difficulty in treating in their surgeries.

Emergency dental treatment for Downs View trainees is also arranged at the Sussex Street School Clinic by Mr. Garland.

3. Immunisation with Triple vaccine, and vaccination against smallpox and polio can be carried out on any of the weekly visits of the Medical Officer for Mental Health, and a number of children had full or booster doses.

B.C.G. vaccination against Tuberculosis is to be offered in 1966 for the 11 to 20 year old group.

4. Speech Therapy. The Senior School Speech Therapist attended Downs View 3 or 4 times each term and advised the group Assistant Supervisors on how to help with speech problems, in the Junior Centre.

It must be accepted that speech develops late in all mentally retarded children. Stimulation of this in Training Centres is best accomplished by the constant use of language in a comprehensive form by the staff. Constant repetition, patience in vocabulary work, stories, conversation both at home and in the Centre, will produce their results, and individual speech therapy from the small staff of School Speech Therapists is unnecessary. However, some additional advisory sessions would be helpful, and the Principal School Medical Officer has promised to consider this.

Residential holidays accompanied by teaching staff are an activity that many schools enjoy, and in June 1965, the Downs View trainees had an opportunity to go to Dymchurch, Kent, to the Holiday Home run by the Society for Mentally Handicapped Children. Sixty trainees split into 2 parties went for 1 week each party. For many this was the first separation from their parents, and after a brief home sickness they settled and enjoyed communal life and learnt much independence. The staff, who coped so well with so many helpless youngsters, some from the Nursery Group, are to be congratulated.

The Society of Mentally Handicapped Children have again most generously made gifts of money for amenities at Downs View. Payment for this holiday at Pirate Springs for some of their poorer members' children was part of the gift, and many thanks are due to the Society.

### VERMINOUS CASES

Individual verminous cases cleansed were as follows:

Cleansing Centre	...	...	...	...	60 (see also page 77)
Welfare Services premises	...	...	...	...	Nil
School Clinics	...	...	...	...	17 pre-school children (see page 18 School Health Section)

### REHOUSING ON MEDICAL GROUNDS

Applications for rehousing on medical grounds are scrutinised and after inspection of the property my comments are considered by the Housing Committee. The applications are limited to those already on the housing list or in Corporation houses.

### BRIGHTON PUBLIC MORTUARY

The day-to-day administration is carried out by Mr. H. G. Garrett, the Superintendent of the Cemeteries and Crematorium.

There were 402 admissions to the Municipal Mortuary and 370 post-mortem examinations were carried out. The corresponding numbers for the previous year were 333 and 310 respectively. Air purifying apparatus was installed in some of the refrigerator cubicles during the year with very good results: this is to be extended to the remaining cubicles.



## CREMATIONS AT MUNICIPAL CREMATORIUM

1,681 cremations were carried out at the Municipal Crematorium, at Woodvale, Lewes Road, during the year. This is a slight increase on the number for the previous year, but consistent with the death rate for the period.

## JOINT ADVISORY COUNCIL FOR OCCUPATIONAL HEALTH

The Joint Advisory Council for Occupational Health held six meetings during 1965. Three delegates attended the Annual Conference at B.M.A. House, London.

The main topic for the year, studied by all Joint Advisory Councils was "Automation and Mechanisation and their Effect on Health". Dr. Alun Howard Jones, Divisional Medical Officer of British Rail (Southern Division) addressed a meeting in Brighton, at which he dealt with every aspect of this subject.

As Industrial Adviser to the Medical Officer of Health the Council has maintained interest in and contact with the mental health work of the Health Department so that problems can be anticipated and dealt with before they give rise to difficulty.

The Medical Officer of Health and his secretary continue to act as Joint Honorary Secretaries. This ensures liaison between the local branch and the health department.

## WATER

I am obliged to Mr. F. Needham Green, B.Sc. (Eng.), A.C.G.I., M.I.C.E., A.M.I.Mech.E., A.M.I.W.E., F.G.S., Water Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examination of raw waters were made at weekly intervals in the Department's Laboratory except in certain instances where bacteriological pollution was present in any raw water when samples were examined daily. The treated waters at all Stations have been examined on a daily basis. The total number of raw and treated water samples taken from each of the Pumping Stations together with a summary of the bacteriological results obtained, is given below:

Number of Samples Examined	No. showing presence of Coliform Organisms in 100 ml. or less	No. showing presence of Faecal Coli in 100 ml. or less	No. showing Coliform Organisms absent from 100 ml.
3505	200	156	3304

Colony counts at 22°C. after three days and 37°C. after one day's incubation were generally low in number. Nine samples of treated waters out of a total of 2,989 examined showed the presence of coliform organisms. It is felt, in view of the presence of the correct amount of chloramine in each of these samples, that such results were due possibly to faulty sampling or examination technique.



Daily samples of raw and treated waters were taken at Mile Oak Pumping Station from 24th June to the 30th December, as a result of pollution of the underground water by animal refuse from Mile Oak Farm which had been ponded on a field adjacent to the Pumping Station by heavy rainfall and also obtaining access underground from a leaking sewer. Certain works carried out on the steeply sloping roadways of the farm and the excavation and subsequent repair of the sewer has prevented further pollution of this nature. Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on six samples of such waters. Copies of the reports on those examinations made on raw waters in November 1965 are appended.

*Chemical analysis (expressed in mgm per litre)*

	Date taken	pH	Alkalinity	Chlorides (CaCO <sub>3</sub> )	Ammoniacal Nitrogen (N)	Albuminoid Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness (CaCO <sub>3</sub> )	Perm. Hardness (CaCO <sub>3</sub> )	Total Hardness (CaCO <sub>3</sub> )	Fluoride (F)
Patcham...	17-11-65	7.35	177	21.5	Nil	0.02	6.25	0.1	177	27	204	<0.1
Mile Oak...	16-11-65	7.35	177	25	Nil	0.02	7.0	0.1	177	32	209	<0.1
Goldstone	11-11-65	7.2	198	31	Nil	0.036	7	0.16	198	44	242	<0.1
Lewes Road	9-11-65	7.3	174	33.9	Nil	0.032	7.5	0.16	174	57	231	<0.1
Balsdean...	9-11-65	7.35	180	36.4	Nil	0.044	5.7	0.24	180	34	214	<0.1
Falmer	9-11-65	7.35	209	32.4	Nil	0.035	5.1	0.16	209	43	252	<0.1
Aldrington	11-11-65	7.15	218	34.9	Nil	0.06	10	0.24	218	63	281	<0.1
Sompting	17-11-65	7.4	186	24	Nil	0.024	7.1	0.12	186	30	216	<0.1

It was decided in January 1965, due to changes in the pattern of pumping, to discontinue the examination of samples taken at district taps and to substitute samples taken at daily intervals of all treated waters. Therefore, only ninety-two district tap samples have been examined from the 1st to 16th January. From that date 2,981 samples of treated water at the Pumping Stations have been examined and the results have shown all waters to be satisfactory.

Bacteriological examinations together with chloramine determinations have also been made on 1,010 samples of water from service reservoirs. Of this total six samples showed the presence of coliform organisms, four of which were taken from Telscombe Reservoir in August 1965 immediately prior to this Reservoir being taken out of use.

A total number of 8,462 samples were examined in the Department's Laboratory during the year. Of these, 2,790 samples were submitted from the Worthing Water Department.

3. Since all the water is obtained from the chalk there is little likelihood of any plumbo-solvent action and no evidence of such action is apparent.

4. Chlorination with post ammoniation of all raw waters is practised continuously with the exception of the Pumping Stations at Patcham, Mile Oak, Sompting and Lewes Road, where super and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to find the cause of such pollution. In addition, if it is considered necessary, appropriate adjustment of gas dosages are made.

The number of population supplied from public water mains direct to the houses is as follows:

		<i>Population</i>	<i>Direct Supply</i>
Brighton County Borough...	...	162,910	54,404
Hove Borough ... ..	...	72,780	26,078
Portslade U.D.C. ... ..	...	17,890	5,893
Southwick U.D.C. ... ..	...	11,990	4,102
Shoreham U.D.C. ... ..	...	18,190	5,970
Lancing (Worthing R.D.C.)	...	14,889	5,874
Telscombe (Chailey R.D.C.)	...	3,753	1,491
Falmer (Chailey R.D.C.) ...	...	219	236
Pyecombe (Cuckfield R.D.C.)	...	384	57
Lewes Borough ... ..	...	13,890	5,109
		<hr/> 316,895 <hr/>	<hr/> 109,214 <hr/>

### SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

*Photographs following this page:*

## HEALTH EDUCATION

- (i) Leaflet, DANGEROUS TOYS, distributed to parents and to the Brighton and Hove Chamber of Commerce and of Trade; publicised in the local press, Christmas 1965.
- (ii) The "Nasty Toy" reproduced from "Which?" magazine by kind permission of the Consumers' Association and effectively used in the Dangerous Toys campaign.

## STILL GOING STRONG

A Brighton Corporation Ambulance bought out of service by the generosity of the Brighton and Mid Sussex Division of the British Medical Association and presented to Dr. Guy Daynes of the Medical Mission Station, Tsolo, South Africa.

## AMBULANCE DEPOT EXTENSIONS

- (i) The purpose-built Control Room.
- (ii) Staff under training.



## DANGEROUS TOYS

Attention has recently been drawn to certain dangers in children's toys.

A well known magazine illustrated a toy which came apart after only half an hour's use, leaving sharp wires which could easily blind a child or cause other serious damage.

Sharp edges on metal toys or clockwork motors which are not enclosed may damage exploring fingers.

Detachable eyes from soft toys may be pushed into ears or noses; or if inhaled may block the air passages causing suffocation.

Some imported crayons have been shown to contain a quantity of lead above the safety level and some toys are coloured with paint containing lead. The damage done to a child who sucks these toys is irreparable.

Until safety standards are established for all children's toys, parents will need to be aware of these dangers and 'check for safety.'

Health Department, Royal York Buildings,  
Brighton 1, Sussex

C4138 600 12/65





# Which?

## A nasty toy

A member has sent us this horrifying object. It was reduced to the condition you see it in after about *one hour's* play by her one year old nephew. There is no need for us to point out what might have happened if the child had gone on playing with it any longer.

How are our children protected against monstrosities like this? The short answer is that they aren't when toys are imported, as this one was. There is a Code of Safety Requirements for children's toys and playthings drawn up by the British Standards Institution, which should prevent this sort of thing being made in this country. While it does not have the force of law, the British Toy Manufacturers Association has recommended its members to follow the Code. But there is less pressure on manufacturers who are not in the Association. And of course there is no control of toys, which are, like this one, imported.

We do not often campaign. But we believe strongly that whatever needs to be done to stop things like this falling into our children's hands should be done and should be done quickly.











## SANITARY CIRCUMSTANCES OF THE AREA

R. S. CROSS, F.R.S.H., F.A.P.H.I.

The year 1965 has been eventful in the environmental section of the Health Department. In January 1965 I was pleased to record that the staff of public health inspectors was only one below the establishment figure. This was the highest figure for the past ten years. By the end of December, I have to report that there are 5 vacancies.

Also for the first time technical assistants have been appointed. Two such appointments were made and have proved to be of great help in relieving Inspectors from routine visits, looking up notices served on owners etc. and allowing the Inspectors to devote more time to inspection work.

Despite repeated advertisements it was not possible to recruit Public Health Inspectors, therefore it was agreed that two additional technical assistants be appointed. These appointments were made in December.

The Department is doing its utmost in the training of students. There are six Student Public Health Inspectors undergoing training within the Department and we have maintained this number since 1961. Two students were appointed in July and for the first time it was made a condition of acceptance that they would be required to attend a block release course at the South Eastern Technical College, Tottenham, London. Up to the present time students have attended this college on a day release basis and it is expected that the block release course will ease the administrative and practical training problems within the Department. The shortage of staff was discussed in my reports for 1962 and 1963 but it would appear that the overall position in the country remains the same. More students are now coming forward and the numbers qualifying each year is increasing. The present position of shortage will be considerably eased by 1968/69.

Because of staff shortages much of the routine work of the Department has had to be curtailed so that complaints could receive early attention. It was necessary in the last three months of the year to suspend the inspection of houses in the house-to-house survey area in which we are endeavouring to persuade owners to modernise their properties with the aid of Improvement Grants, and divert the staff to work under the Shops, Offices and Railway Premises Act, 1963. The Ministry of Labour asked local authorities to make a special survey in all offices and shops inspected during the months of October, November and December, to assess the standard of lighting provided for the staffs in these premises. In order that a sufficient number of premises could be inspected, on which a generalisation could be made, it was necessary to concentrate our efforts on this work. Details of our findings are set out later in the report.

During the year special attention has been given to the education of food handlers in hotels, catering premises, butchers shops and other premises, and has been assiduously followed up. From the commencement of this campaign last year it has been possible to hold lectures at which almost 900 persons attended. Naturally this educational work cannot be of a concentrated character except for 6 months in the year. Catering and food premises are too busy in the summer period to allow staff to attend lectures so that from April to October inclusive special attention is given to those food premises in the town that are not particularly affected by the influx of visitors. The personnel of the School Meals Service and the Sussex University Catering Staff, attend lectures during the summer period.

The slum clearance programme has taken a step forward during the year by the representation of one new clearance area and the inclusion of an area represented last year in a Comprehensive Development Area. A public enquiry



was held in respect of the Comprehensive Development Area and the Minister's decision is awaited. There are a total of 81 houses involved in these areas.

During 1965 Shops Legislation received some attention by the coming into operation of the Shops Early Closing Days Act, 1965, and the issue of the Craythorne Committee's report on Sunday trading. Also the publication of proposals for the amendment of the Shops Act, 1950, under the title of "Retail Trading Hours." These matters are discussed later in the report.

In my annual report for the year 1964 I mentioned that this department was not satisfied with the present designs and construction of automatic food vending machines. Complaints were being received of food from these machines being mouldy, sandwiches affected by incipient decomposition, and butter etc. being very soft. Investigations were made after we had obtained special thermometers and the facts became clear. The design and construction of machines were the main causes of food spoilage. The built in fluorescent tubes used for internal lighting raised the temperature in the machines to levels which encouraged bacterial growth. Temperature ranges varied from 61°F to 74 F. Their attention was drawn to the temperature requirements contained in the Food Hygiene Regulations, i.e. certain foods to be kept below a temperature of 50°F. In addition, the workings of hot cupboards used to pre-heat hot foods before they are placed in heated vending machines for the service of hot meals was investigated. This equipment was found to be unsatisfactory because there was no temperature control other than a thermostat. No indicating thermometers were supplied with the equipment, therefore the operators had no indication of the temperature that the food had been subjected to. In my opinion, indicating thermometers should be built in to these machines so that adequate control of the temperature of the food can be ascertained.

Our findings were submitted to the Ministry of Health and resulted in a conference being called of all the manufacturers of food vending machines in the country. I was invited to attend the meeting and put forward my complaints and criticisms of the present machines. Mention was made of the inadequate instructions given by these firms to their sales representatives. Shopkeepers were not fully informed of which foods should be sold from the ordinary vending machines, refrigerated machines or heated machines nor of the temperatures at which they should be operated. None of the machines gave any indication to the operators of the internal temperatures. It was suggested to them that lighting elements, producing heat, should be isolated from the storage drawers in the machines and indicating thermometers be provided as an integral part of the machine. Cleaning routines and the siting of machines was also considered.

After discussion it was agreed that the Manufacturers' Association would form a working party to deal with these matters and they would prepare lists of foodstuffs that could be sold from the different types of machines. They asked for a representative of the Ministry of Health to be present at their meetings in an advisory capacity. Codes of practice would be discussed.

I have been informed that agreement has been reached and that Codes of Practice will be issued next year.

Naturally local authority officers will have to co-operate in some way and the manufacturers suggested that they would prepare codes of practice to be given to purchasers of their machines and that copies would be sent to local authorities. The manufacturers would welcome the assistance of Public Health Inspectors in checking machines, cleansing routines and advice to operators in the use of existing machines.

A Survey of the Public Conveniences in the Borough was carried out during the year and reports made to the various Committees of the Corporation

responsible for the provision and upkeep of these amenities. A number of recommendations were made in regard to improvements in many of the conveniences mainly in connection with the provision of adequate free washing facilities and the provision of mirrors and hand-bag shelves in women's conveniences. Many of the conveniences are obsolete in design having been built 60 to 100 years ago. They are placed in out of the way corners, are small, dark and without modern amenities. They are not architecturally designed and are merely 4 brick walls with an entrance door. Many existing conveniences should be closed and new buildings provided in keeping with their surroundings and built to a high standard of hygiene. The fittings, as far as practicable should be protected against malicious damage. The Committee mainly responsible for these public amenities have decided to spend a substantial sum on improvements in 1966.

A section of this report dealt specifically with the public conveniences, washing and bathing facilities provided in Parks, Gardens and Open Spaces where organised sports were carried on. Generally the main conclusion was that the provision of modern amenities in all Parks, Playing Fields and other open spaces was inadequate and where some provisions had been made that they were obsolete. The amenities provided for bathing were very poor. Five football pitches were provided in one Park for organised games. This represents 110 players, 5 referees and 10 linesmen, a total of 125 persons, and the washing facilities provided were totally inadequate to deal with such numbers. It will be appreciated that an adequate number of shower baths should be provided. The emphasis being placed on sport and leisure nowadays together with pressure on local authorities to provide facilities for sport will require improvements in the established sports grounds. The responsible Committee accepted the main conclusions of the report and a programme of alterations and improvements has been approved.

## HOUSING

Mr. G. V. MARTIN, Senior Housing Inspector, reports:

### *Demolition in Clearance Areas*

45 unfit houses were demolished. 109 people in 37 families were rehoused from clearance areas.

The revised statement of unfit houses requiring demolition submitted to the Minister in 1964 showed that 867 unfit houses remained. Since the statement was made 115 houses have been demolished or closed in lieu of demolition so that at the end of the year 752 unfit houses remained, and of these 292 have already been represented or certified as unfit.

During the year 56 properties in Lewes Street and Newhaven Street were represented in five clearance areas. My reports and official representations of these areas are included as an Appendix to this report.

The following developments took place with regard to areas previously represented:

### *Sloane Street and Eastern Road Areas*

These areas comprising 85 buildings were represented as four clearance areas in 1962, and all but eight of the buildings were subsequently included in the Brighton Corporation (Somerset Street-Warwick Street-Sloane Street Comprehensive Development Area) C.P.O. No. 1, 1964, comprising 119 properties, 25 of which were included in a Declaration of Unfitness Order as not capable at reasonable expense of being rendered fit. On 10th November a Public Local Inquiry regarding the C.P.O. was held at the Town Hall by an



Inspector from the Ministry of Housing and Local Government, and the Minister's decision is awaited.

### *Closing Orders and Demolition Orders*

37 individual unfit houses and parts of buildings were represented during the year. 18 houses and 10 parts of buildings were closed. In five cases offers of works were accepted, or consideration of the matter was deferred to enable works to be carried out. 3 individual unfit houses were demolished.

On 31st December there were 413 operative closing orders and undertakings applying to buildings in the Borough. Five buildings to which closing orders had previously applied were demolished. Seven contraventions of closing orders were reported, and all were dealt with informally. In six cases where closing orders had been made application was made for the use of the buildings for purposes other than human habitation; approval was given for their use for storage purposes in five cases, and as a hairdresser's shop in one case, this building having been altered to make it suitable for that use.

Sixteen closing orders were determined, the buildings or parts of buildings to which they referred having been made fit for human habitation.

Two houses belonging to the Council were certified as unfit for human habitation in accordance with the Housing Subsidies Act, 1956, and 11 were demolished. This makes totals of 228 houses certified and 168 demolished since the Act came into force.

### *Repairs and Improvements*

212 houses were made fit for human habitation as a result of formal notices under the Public Health and Housing Acts. 375 houses were made fit as a result of informal action.

There were 364 formal applications for Improvement Grants, of which 64 were for Standard Grants. 16 of the applications were rejected, principally on the grounds that the properties concerned would not provide housing accommodation for 15 years. In connection with Improvement Grant applications 342 final inspections were made to see that all defects had been remedied.

In addition to these inspections an annual re-inspection is made to ensure that the conditions of the grant are being complied with. 261 inspections were made for this purpose.

### *House-to-House Survey*

During the year, the house-to-house survey begun in 1962 with the object of improving properties in the older parts of the town was continued.

Progress up to the end of the year has been as follows, the figures for 1965 being shown in brackets.

	<i>Owner occupied</i>	<i>Tenanted</i>	<i>Total</i>
Number of houses inspected ... ..	578 (174)	583 (185)	1161 (359)
Number of preliminary letters sent ... ..	470 (150)	555 (167)	1025 (317)
Number of houses with no defects ... ..	108 (24)	28 (18)	136 (42)
Number of houses where works have been completed ... ..	305 (145)	189 (83)	494 (228)
Number of houses where works were in progress on 31/12/65 ... ..	30	41	71
Number of improvement grants applied for ... ..	211 (68)	86 (22)	299 (90)
Number of Notices under Section 9 Housing Act 1957 authorized ... ..	Nil (Nil)	48 (5)	48 (5)

Five houses in the survey area have been represented as unfit for human habitation and not capable at reasonable expense of being made so fit; the

representations followed informal action taken to notify the owners of the defects and to give them an opportunity to carry out works.

In 50 cases where owners were financially unable to carry out repairs the properties were offered to the Council, and 21 have been purchased by the Council.

No Improvement Areas under the Housing Act, 1964, have been declared. In view of the steady progress being made in the house-to-house survey area the existing arrangements for inspection are continuing unaltered for the time being.

### *Rent Act Certificates*

There were five applications for Certificates of Disrepair and six applications for Certificates as to the Remedying of Defects.

### *Property enquiries and house acquisition*

4,807 official Searches were answered by the clerk responsible for housing records. Property enquiries are frequently made other than by official Search, and it was necessary for 583 inspections to be made during the year, of which 397 arose from Local Land Charge Searches.

A further 531 inspections were made as a result of applications for Corporation loans for house acquisition, the Town Clerk requiring a report on the possibility of action under the Housing Acts being taken against the property during the loan period.

### *Houses in Multiple Occupation*

During the year complaints received in respect of 11 houses in multiple occupation were investigated, and in 9 cases, informal letters were sent to the owners notifying them of the defects and lack of facilities. Negotiations are proceeding with the owners for the carrying out of works to secure improvement in the houses. 4 of the houses that had been previously inspected were improved to the required standard, including one full conversion into self-contained flats.

In one case approval was given for the service of a notice under Section 15 of the Housing Act, 1961, requiring the carrying out of improvements and the installation of additional amenities. This notice was not proceeded with as the owners obtained vacant possession of the house. One other house has also been completely vacated.

One house already the subject of a Management Order and Notices was regularly inspected. Some works of improvement were carried out early in the year but the house was not brought up to the standard required. The owner is seeking to obtain vacant possession of the whole building, and of the ten flats originally occupied only three are now tenanted.

A further 16 properties were inspected at the request of the owners, and advice was given regarding conversion to flats or improvement to the standards required for a house in multiple occupation.

### *Examination of Plans*

During the year 2,507 new applications for bye-law and planning permission were received and approximately 500 deferred items considered. Site inspections and interviews with architects and builders again took up a considerable amount of time of the Public Health Inspector concerned, particularly on such sites as the West Street Development area.

### *Loss of Residential Accommodation*

Applications were received, involving 64 properties, where loss of residential accommodation was concerned. All these properties were inspected and 41 were found to be unfit for human habitation or badly arranged.

## APPENDIX

3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

**Housing Act, 1957****Lewes Street and Newhaven Street**

The houses in Lewes Street and Newhaven Street were included in the revised programme of areas to be considered for representation which was put before you in my report of 23rd March 1964.

90 properties in the area have recently been inspected and I am of opinion that 53 houses should be represented as unfit for human habitation, and that a further three houses should be represented as dangerous or injurious to health because of their bad arrangement. 6 of the houses have already been closed because of their seriously unfit condition.

I have represented the 56 houses in five clearance areas, and my official representations are submitted with this report. The houses in the areas are occupied by 156 people. 12 of the 56 houses are owner-occupied.

My principal reasons for including these houses in clearance areas are as follows:

*Newhaven Street*

All the houses are on the east side; they are generally in poor repair, with rising and penetrating dampness and most of them have external W.C.s.

Many of the rear yards are confined by high walls of adjoining back additions in Newhaven Street and by the properties on the west side of Lewes Street which are built at a higher level. This is bad arrangement which results in poor natural lighting of the rear rooms in Newhaven Street.

*Lewes Street*

These houses are generally damp and in poor repair. Most of them have external W.C.s. On the west side, many of the houses have unfit basement rooms.

On the east side many of the houses have low pitched back addition rooms and are dark at the rear. The houses on this side of the street are badly arranged in that the rear gardens of Belgrave Street (the next street eastwards) are held by high retaining walls, which, together with the back additions of the Lewes Street houses, enclose and overshadow the rear yards.

The defects in the 53 houses found to be unfit for human habitation are tabulated below.

	No. of houses with defects		
	Lewes Street	Newhaven Street	Total
Repair ... ..	36	17	53
Stability ... ..	16	4	20
Dampness ... ..	36	17	53
Natural lighting ... ..	24	16	40
Ventilation ... ..	13	9	22
Drainage and sanitary conveniences ...	34	17	51
Facilities for storage of food and disposal of waste water ... ..	36	17	53

Yours faithfully,

W. S. PARKER,

*Medical Officer of Health.*



3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area;  
and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

5, 6 *Lewes Street*.

W. S. PARKER,  
*Medical Officer of Health.*

The houses in the area were occupied by one person on 28th July, 1965.

W. S. PARKER,  
*Medical Officer of Health.*

3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area;  
and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

11, 12, 52, 53, 54, 55, 56, 57, 58 *Lewes Street*.  
53, 54, 55, 56 *Newhaven Street*.

W. S. PARKER,  
*Medical Officer of Health.*

The houses in the area were occupied by 29 persons on 28th July, 1965.

W. S. PARKER,  
*Medical Officer of Health.*



3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area;  
and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

29, 31, 33, 34, 35, 36 *Lewes Street.*

W. S. PARKER,  
*Medical Officer of Health.*

The houses in the area were occupied by 22 persons on 28th July, 1965.

W. S. PARKER,  
*Medical Officer of Health.*

3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area;  
and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49  
*Lewes Street.*

44, 45, 46, 47, 49, 50, 51 *Newhaven Street.*

W. S. PARKER,  
*Medical Officer of Health.*

The houses in the area were occupied by 88 persons on 28th July, 1965.

W. S. PARKER,  
*Medical Officer of Health.*

3rd September 1965

*To the Housing Committee:*

LADIES AND GENTLEMEN,

I have, as the Medical Officer of Health of the County Borough of Brighton, to represent to you under Section 42 of the Housing Act, 1957:

- (i) that the houses in the area defined below are unfit for human habitation, or are by reason of their bad arrangement, or the narrowness of the streets, dangerous or injurious to the health of the inhabitants of the area;  
and
- (ii) that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings in the area.

The area referred to above is coloured pink on the accompanying map taken from the ordnance survey and comprises the following houses:

63 *Lewes Street.*

60, 61, 62, 63, 64, 65, 66 *Newhaven Street.*

W. S. PARKER,  
*Medical Officer of Health.*

The houses in the area were occupied by 16 persons on 28th July, 1965.

W. S. PARKER,  
*Medical Officer of Health.*

## DISTRICT INSPECTORS

Mr. H. G. GIBSON, Deputy Chief Public Health Inspector, has made the following contribution to the Report:

As a result of the staff shortage which again developed during the year and the continued illness of one member of the staff, it was necessary for three inspectors to cover what have normally been five districts. As one of the three also had duties under the Offices, Shops and Railway Premises Act, 1963, they were fully extended.

It was impossible, under these conditions, to carry out any new environmental health projects but all statutory duties were covered and complaints were attended to without fail as matters of urgency. Many complaints are, upon investigation, not as serious as they sound over the telephone or appear in a letter. But each complainant is worried or suffers discomfort over these matters and is entitled to get any assistance or advice which we can give him immediately. Whatever the difficulties from the staff viewpoint, this service is not allowed to be curtailed.

Student Inspectors, particularly those in their last year of training, were called upon under the supervision of the Deputy Chief Public Health Inspector to carry responsibilities well beyond those which might fairly be expected of trainees with a heavy programme of lectures, revision, courses and examinations. Their response to the demands made upon them was a credit both to them and the efficiency of their practical training in the Department.

Action under the Public Health Act 1936 to deal with items of disrepair in dwelling houses resulted in the service of 729 notices, and a further 123 notices were served in respect of nuisances such as dirty and verminous premises, noxious accumulations and other unhygienic conditions. The district inspectors and students made 4,621 visits in dealing with these matters and discussions and meetings with owners, builders and other interested persons totalled 1,879.

### *Legal Proceedings*

Legal proceedings were taken in respect of two properties in which the owners had failed to comply with abatement notices authorised by the Health Committee.

In the first case, where a defective rain water pipe, combined with a broken yard surface was causing dampness, notices served under Sections 39 and 56 of the Public Health Act 1936 were ignored. The owner was fined £2 on each count, costs of £7 7s. 0d. were awarded to the Corporation; and the Magistrates made a Nuisance Order for the necessary works to be done.

Defects of repair were the subject of a notice on another property under Section 93 of the Public Health Act 1936. In this case a fine of £5 was imposed, a Nuisance Order for the completion of the works was made and the defendant was fined 10s. for failing to provide a dustbin as required by Section 75 of the Public Health Act 1936.

**FACTORIES ACT 1961**

The following tables set out the numbers of factory premises of various types and give details of action taken where defects were found upon inspection.

1. *Inspections for purposes of provisions as to health.*

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	403	95	9	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	504	73	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	51	40	5	—
Total ... ..	958	208	20	—

2. *Cases in which defects were found.*

Particulars (1)	Number of cases in which defects were found				Number of prosecutions (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	9	9	—	3	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	2	—	—	—
(b) Unsuitable or defective	5	5	—	2	—
(c) Not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	17	17	—	5	—



*Outwork*

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel: Making, etc. Cleaning and Washing	154	—	—	—	—	—
Household linen	2	—	—	—	—	—
Curtains, furniture hangings	2	—	—	—	—	—
Furniture and upholstery	7	—	—	—	—	—
Artificial flowers	1	—	—	—	—	—
Stuffed toys	1	—	—	—	—	—
Total	167	—	—	—	—	—

**PET ANIMALS ACT 1951****ANIMAL BOARDING ESTABLISHMENTS ACT 1963****RIDING ESTABLISHMENTS ACT 1964**

It is with regret that I have to record the death of Mr. S. Gourley, M.R.C.V.S., who was employed as part-time veterinary surgeon.

In 1965 Mr. J. S. J. Lauder, M.R.C.V.S., was appointed as part-time veterinary surgeon and arrangements were made for the regular visiting of all premises registered with the Corporation under the Pet Animals Act, Animal Boarding Establishments Act and Riding Establishment Act. During the year one pet shop was the subject of a number of complaints and the occupier was not co-operative. He disobeyed instructions of the veterinary surgeon in regard to the isolation and sale of animals which had been in contact with infectious disease. The premises were in very poor condition. Notice was served on the occupier to rectify matters but as this was not done he was informed that his registration would not be renewed. The local authority formally refused to renew the registration of the premises and they ceased to be used as a pet shop on 31st December 1965.

In August 1965 it was notified that a budgerigar sold from a pet shop in Brighton had died from psittacosis. The bird had been sold some eight weeks previous to its death. The veterinary officer of the Ministry of Agriculture, Fisheries and Food visited the shop with Mr. Lauder but they were unable to trace where the bird had come from and whether it was a recent import or not. To assist in any future investigations that may have to be carried out

the conditions of registration of pet shops are to be amended and it will be a requirement that the occupier shall keep adequate records of his purchases and name and address of the supplier.

The Veterinary Surgeon works in close co-operation with the Department and the Public Health Inspectors make regular visits to pet shops etc., and if there is any doubt in regard to any animals offered for sale Mr. Lauder is informed immediately.

During the year Mr. Lauder has made the following visits:

Pet Animals Act ... ..	112
Animal Boarding ... ..	19
Riding ... ..	4

Visits by Public Health Inspectors:

Pet Animals... ..	375
Boarding ... ..	28
Riding ... ..	10

One shop opened as a pet shop without having made any application for a licence or for planning permission. The District Public Health Inspector observed this contravention of the Act during his routine work, visited the premises and warned the shopkeeper that he was committing an offence. This warning was emphasised by a formal letter immediately. The puppies which had been exposed for sale were removed and since that time only pet food and pets' equipment such as dog baskets, leads etc. have been sold there. No animals have been kept on the premises.

On the outskirts of the town another establishment commenced business as a riding stable. Again the proprietor was interviewed and told of the requirements of the Riding Establishments Act and Town Planning legislation. As his application for planning permission was refused the question of licensing the premises did not arise.

### RODENT AND PEST CONTROL

In this section shortage of staff again caused a great deal of difficulty. There are many jobs which are better paid and much more pleasant than that of the rodent and pest operators, who, from the very nature of their duties, are called upon to spend the greater part of their time in filthy and verminous premises of all descriptions.

The following tables set out the number of visits and treatments carried out.

	Local Authority's Premises	Dwelling Houses	Other Premises	Total
<i>Properties inspected:</i>				
On notification ... ..	35	584	165	784
Survey under the Act ... ..	37	974	249	1260
Primarily for other purposes ...	—	3	2	5
<i>Properties found to be infested:</i>				
Rats ... ..	11	165	22	198
Mice ... ..	24	325	89	438
Premises treated by Local Authority's operators ...	33	490	149	672

15 block control schemes, entailing the inspection of all premises in a particular area, with their associated drainage and sewerage systems, were

carried out. Treatments were made where infestations of any degree were traced.

Sewer treatments were carried out in May and June.

After the necessary pre-baiting Warfarin was laid in 281 manholes. The bait was taken completely at 46 points and partially at 82 others.

On the follow-up visits, after poison had been laid only 4 manholes showed complete takes. They were treated again until no evidence of rats was seen. 39 slight takes were found during follow-up inspections.

The shortage of operators and the impossibility of securing labour to help in opening up manholes and manhandling equipment made it impossible to carry out the usual sewer treatment during the autumn.

### *Resistance to Warfarin in Mice*

Although Warfarin, an anti-coagulant rodenticide, has continued to be effective against rats, we have had increasing doubts as to its continuing efficiency against mice. The Infestation Control Laboratory of the Ministry of Agriculture, Fisheries and Food has carried out research on national basis and confirmed that some mice had been found to be developing a resistance, which was heritable, to this type of poison.

Fourteen mice were trapped at premises in Brighton and handed over to the Ministry's laboratory for testing. As it happened, all of these creatures were female which made detailed study of inherited resistance or immunity impossible. The fact that only females were trapped, after unsuccessful efforts to eradicate the infestation (using Warfarin) did lend support to the hypothesis that males were more susceptible to Warfarin poisoning than females and had been largely killed off. The investigations into the extent of this resistance is continuing and alternative poisons are being tried out.

### *Insect and Other Pests*

During the year the Cleansing Centre staff have disinfected 135 verminous premises comprising a total of 398 rooms. The various insects and creatures listed below also were the subject of complaint and treatment was carried out in each case.

Cockroaches	...	...	...	44	Ants...	...	...	...	...	13
Beetles (various)	...	...	...	10	Spider Beetles	...	...	...	...	2
Wasps' Nests	...	...	...	31	Flies...	...	...	...	...	11
Bees (swarms)	...	...	...	10	Maggots	...	...	...	...	2
Insects (miscellaneous)	...	...	...	12	Earwigs	...	...	...	...	1
Caterpillars...	...	...	...	7	Moles	...	...	...	...	2
Silverfish	...	...	...	3	Foxes	...	...	...	...	14
Wood lice	...	...	...	9	Badgers	...	...	...	...	4

The bare figures do not give a clear picture of the amount of work carried out or the time involved. For instance, during the month of July there was a serious infestation by caterpillars in the Saltdean area of the town. They invaded houses, a school and a church. The school playing fields and paved playgrounds were covered with caterpillars and gardens were denuded of vegetation. Gorse on open spaces in the area was infested and it was decided that the best means of treatment would be spraying. Gulley emptying machines were filled with gamaxane and the whole area drenched through hose pipes connected to the machine. These treatments considerably reduced the infestation. A number of people complained of skin rashes and eruptions caused by the caterpillars. The caterpillars were of the hairy type and these hairs were broken when the insects were handled. An acid secretion in the hairs caused the irritation especially when the fine hairs penetrated the skin.

The investigation of a single complaint may involve a visit to collect specimens of insects, identification by microscopical examination, the carrying



out of extensive treatment and several revisits to deal with eggs, larvae etc., which present the risk of a second wave of infestation after the grown insects originally treated have been destroyed.

As usual numerous insects have been brought to the Department for identification. Spiders, beetles, carpet beetles and furniture beetles were the most common. Advice was given on methods of eradication in these cases and where infestations of wood boring beetles were so extensive that it was unlikely that inexperienced householders could cope with the problem they were referred to a list of commercial firms specialising in this type of work.

### **CLEANSING CENTRE**

In addition to the delivery and collection of incontinence pads, soiled dressings and other contaminated material, which has been mentioned in another section of the report, the Cleansing Centre staff have continued to deal, with unabated efficiency and good humour, with the personal cleansing, bathing, disinfestation, disinfection and emergency laundry services. The laundry service, for geriatric cases and patients who are chronically sick and nursed at home, has continued at much the same pace as last year.

Visits to collect soiled clothing, bedding etc. totalled 5,208 and 42,565 articles were cleansed. By December, the number of cases receiving regular help in this connection was 180.

There was an increase in the use of personal cleansing facilities at the Centre during the year.

131 persons, mainly geriatric or chronic sick cases were bathed; and 64 scabies patients were treated and cleansed.

Head and body lice cases totalled 47 and there were, in addition 13 cases of pubic lice. The increase in the latter number was due to an arrangement with the local V.D. clinics which now refer these cases to the Centre for treatment where lice, and not venereal disease, is the reason for the patient's visit to the Clinic.

Neighbouring local authorities often ask for assistance with cases needing disinfection or disinfestation. This is always given as long as our own requirements and commitments allow it. Charges are made which, in view of the travelling time and mileage involved, may be quite expensive.

125 premises with bedding were disinfected or disinfested during the year and complete loads of household furniture were removed, cleansed where necessary, and moved into new premises after the transfer or rehousing of families from clearance areas etc.

The large van with crew, was engaged for a total of 450 hours on delivering welfare foods to clinics etc.

Again sincere appreciation is due to the staff at the Centre who have turned their hands to a variety of tasks to help aged, infirm or mentally handicapped people who need practical assistance to make their living conditions more tolerable. These jobs are done as they are notified, during visits to collect laundry, disinfest a room or remove some contaminated material. Often they are not recorded, but these informal "helping hands" would be sadly missed if they were no longer available.

### **RADIOACTIVE SUBSTANCES ACT 1960**

The increasing use of radioactive materials by science and industry is reflected in the attention devoted to radioactivity in schools and higher educational establishments.

Users of such materials must be registered with the Ministry of Housing and Local Government both for the keeping of the isotopes and their waste disposal.

As medical adviser to the Council the Medical Officer of Health is notified of all registrations granted and the amounts involved and informed of the disposal of any radioactive waste.

The College of Technology (twice) and Sussex University (once) have each had previous registrations cancelled during the year and new radioactive sources have been registered by the Ministry. Storage facilities in these premises were agreed by this Department before building commenced and are specifically designed for the safe holding of radioactive material.

The storage of small amounts of sealed radioactive sources was the subject of an application from a local grammar school. A Departmental representative visited the school and discussed and agreed the proposals and arrangements with the senior science master in charge.

National Health Service Hospitals are exempt from the need for formal registration in respect of radioactive isotopes used there, but there is an administrative arrangement that the Ministry shall be notified when waste is to be disposed of. The Ministry notifies the Medical Officer of Health in every case. During the past year such notifications were received when Bevendean Hospital and the Sussex Eye Hospital were disposing of certain waste.

At the beginning of the year the Department of Education and Science issued Administrative Memorandum 1/65 concerning the use of ionising radiations in schools, further education establishments and training colleges. The Memorandum following closely upon the Ministry of Labour's Code of Practice for the protection of persons exposed to ionising radiations in research and training, set out certain requirements and guidance on techniques and called for the provision of an administrative organisation. The Medical Officer of Health is nominated as the responsible medical officer. The draft of a set of local rules based on the national standards was considered and agreed with the Education Department before the end of the year.

## STUDENT TRAINING

In addition to the training of our own staff the Public Health Inspectors' Section has organised observation visits for several groups of students from the Nurses' Training School, the Health Visitors' Course, the Queen's Nurses and other organisations. The Deputy Chief Public Health Inspector has lectured to these Courses during their training on the duties and organisation of the Section. A number of students whose homes are in Brighton and who are attending various training colleges have also come to the Department. They have in most cases, to prepare a thesis on some aspect of environmental health. A talk on the subject and an explanatory visit with an Inspector to see, for instance, water purification, food processing and hygiene, air pollution surveys etc. usually prove to be helpful. The practice makes good health education propaganda and certainly helps towards good public relations.

Messrs. Gibson, Whanslaw and Mooring also ran another evening course of lectures for Senior Scouts who wished to obtain their Public Health Badge (which is necessary before going for the Queen's Scout qualification).

**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

TABLE A

*Registrations and General Inspections*

Class of premises (1)	No. of premises registered during the year (2)	Total No. of registered premises at end of year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices ... ..	91	1237	276
Retail shops ...	104	1379	506
Wholesale shops, warehouses	9	173	7
Catering establish- ments open to the public, canteens ...	28	186	72
Fuel storage depots	0	12	0

TABLE B

*Number of visits of all kinds by Inspectors to Registered Premises*

2337
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TABLE C

*Analysis of Persons Employed in Registered Premises by Workplace*

Class of workplace (1)	Number of persons employed (2)
Offices	10,558
Retail shops	8,478
Wholesale departments, warehouses	1,612
Catering establishments open to the public	2,684
Canteens	171
Fuel storage depots	47
Total	23,550
Total males	10,542
Total females	13,008



TABLE D

*Inspectors*

Number of inspectors appointed under Section 52 (1) or (5) of the Act ... ..	7
Number of other staff employed for most of their time on work in connection with the Act ... ..	3
Number of premises registered during the year ... ..	232
Number of general inspections carried out ... ..	861
Total number of visits ... ..	2,337
Number of notices of defects served ... ..	568
Number of premises where defects were remedied ... ..	207
Number of notices outstanding 31/12/65 ... ..	361
Notices were served in respect of the following defects:	
Cleanliness ... ..	4
Insufficient sanitary accommodation ... ..	16
Defective or obsolete sanitary accommodation ... ..	186
Separate accommodation for sexes not provided ... ..	6
Insufficient washing facilities ... ..	21
Defective or obsolete washing facilities ... ..	177
Separate facilities for sexes not provided ... ..	3
No drinking water provided ... ..	26
Insufficient accommodation provided for clothing ... ..	37
No provision made for storage of clothing ... ..	31
Insufficient means of heating provided ... ..	42
No means of heating provided ... ..	4
No thermometers provided ... ..	282
Insufficient means of lighting ... ..	90
Excessive glare from lighting installation ... ..	69
Insufficient means of ventilation ... ..	109
Insufficient seating accommodation ... ..	49
Notices in respect of dangerous machinery ... ..	6
No first aid kits provided ... ..	269
Cases of overcrowding investigated ... ..	4
Lack of cleanliness ... ..	36
Notices in respect of health and safety ... ..	9
Defects in floors and staircases... ..	384
No abstract of Act provided ... ..	105
Total number of defects notified to employers ... ..	1,965

**Investigations into lighting conditions in Offices and Shops (November, 1965)**

Office premises inspected ... ..	27
Rooms in offices inspected ... ..	58

Existing lighting provided in rooms as above.

Lighting in lumens sq. ft.	Number of office rooms
Less than 5 ... ..	Nil
More than 5 but less than 10 ... ..	1
More than 10 but less than 15 ... ..	7
More than 15 but less than 25 ... ..	18
More than 25 ... ..	32
Total ... ..	58

### *Recommendation*

The minimum amount of lighting provided at all working surfaces should be 30 lumens per sq. ft. as an interim measure. This minimum to be increased to 60 lumens after a period of 3 years.

### *Corridors, passages and staircases (in both single and multi-occupation buildings)*

These parts of office premises were generally inadequately lighted and produced areas of deep shadow.

Stairtreads are not adequately lighted.

Because of inadequate lighting some staircases can definitely be classed as dangerous especially when "winder" treads are to be negotiated.

Light meter readings taken in corridors, passages and on staircases varied from 0 to 5 lumens.

### *Recommendations*

A standard of at least 7 lumens should be applied to corridors, passages and staircases.

Staircase lighting should be directional so that all stairtreads are illuminated.

All stairtreads should be provided with light coloured nosing strips.

### *Office lighting*

The readings taken in office premises support the findings in the general discussion on lighting in offices.

The positioning of light sources is as important as the amount of light. In offices relying on general lighting only readings of from 5 lumens are obtained due to insufficient lighting or the position of the working surfaces in relation to the light sources. Uneven distribution of light is one of the major faults in lighting systems.

Cases have occurred in modern office developments, in the last 6 months, of insufficient foresight on the part of the developers to provide for increases in staff. In one office 20ft. by 12ft. a single recessed ceiling light panel had been provided. At the present time only one person occupies the room but it is anticipated that at least three people will eventually be required. The lighting in this room varies from 25 lumens underneath the ceiling light to 5 lumens at a point removed from the light.

It would appear that some 50 per cent of premises provide a lighting standard of more than 25 lumens sq. ft., therefore it should not cause hardship to fix a standard of illumination.

There is some opposition, both from employers and employees, to suggested improvements. From employers on the grounds of cost and overhead expenses and from staffs who insist on coloured light shades that blend with the decor, irrespective of the effect of the shades on the lighting of the room.

### *Summary of recommendations*

1. Minimum standards of lighting should be prescribed by regulations.
2. Regulations be made to obviate glare from unshaded light sources.
3. The lighting in passages, corridors and on staircases should be at least 7 lumens and special note made of the need for staircase lighting to be directional to illuminate all stairtreads. Consideration to be given to a requirement that the nosings of stairtreads be "picked out" in light coloured bands. (These requirements are necessary in the interests of the safety of employees and the reduction of accidents).

4. Consideration be given to the introduction of standards of background illumination in restaurants, cafes, etc., and the absence of projections into gangways that may cause accidents.

5. Minimum standards of lighting to be prescribed for sanitary accommodation, wash-rooms, stockrooms, warehouses etc.

6. When formulating standards of lighting consideration be given to powers to require the redecoration of office and shop premises.

7. Any standards that are formulated should be based on the latest Illumination Engineering Society code and for an interim period only. The proposed standards are low and in 3 to 5 years would be out-of-date. Powers should be given to revise the regulations so that the minimum standards can be progressively improved.

### **Lighting in Offices and Shops**

#### **General Observations for the months of October and December 1965**

##### *Offices*

Generally the lighting standards in offices were poor, and inadequate for the work being carried on. Inadequacy was not in all cases due to the amount of light provided but, in part, caused by the positioning of the light sources.

In many offices, particularly those which were not in purpose-built premises, the lighting installation had not been designed for the use to which the premises had been adapted. Many offices are contained in buildings which were erected as large private dwellings and on the change of use re-wiring of the buildings was not carried out to properly adapt them for use as offices. In too many rooms it is evident that the single lighting point, in the centre of the ceiling, was provided when the premises were used as living accommodation. No thought had been given to a properly designed lighting system and what was considered to be adequate for a living room or a bedroom has had to serve the occupiers of offices accommodating 3 or 4 desks with working surfaces at varying distances from the light source.

Amongst the older generations of employers and employees conservation of attitude towards reasonable lighting standards is very apparent. The minimum amount of light is provided and instances of 40 watt bulbs are not uncommon. The new attitude towards lighting, adopted by progressive employers, has not been universally accepted and cheeseparing on lighting costs is apparent. The older generation, which remembers the changeover from oil lamps and gas mantles still regards electricity as being an expensive luxury and the rise in working and living standards has not been reflected in attitudes towards better and reasonable lighting. This can be vividly demonstrated in the lighting provided on landings, staircases and in store rooms. The staircases in many office buildings are dangerous on this account alone. The position of landing, corridor and staircase lighting is very bad indeed and coupled with insufficient light provides dangerous hazards.

The illumination provided in W.C's, wash rooms and rest rooms is insufficient. Present standards are too low and when the inspection of premises is carried out during winter afternoons there is so little lighting provided that it cannot be seen whether the rooms are kept clean. Many external W.C's have no artificial lighting provided.

Employers are, to some extent, co-operative when lighting standards are discussed but there are a number of conservative employers who will have to have some form of compulsion applied to them to improve matters. The legal profession is one body which is not inclined to accept advice and as a



standard of lighting is not prescribed by the Offices, Shops and Railway Premises Act, or by Regulations made under the Act, the inference drawn from interviews is that the question of lighting is more or less based on the individual opinion of the inspecting officers and they are not prepared to carry out alterations on that basis.

When considering the technicalities of the lighting of premises regard must be had to the decorative condition of offices. By the judicious use of colour, light pastel shades, white ceilings and window surrounds an improvement of 25 per cent or more can be obtained in the reflective values and greatly assist in the general lighting of a room. Some offices, particularly solicitors, have not been decorated for years and dark coloured wooden surfaces, windows, doors etc. are evident. Ceilings, although originally white are now dirty cream coloured and the reflective value is nil. Many do not want the upset of having the "decorators in" and staffs have to suffer in consequence. As the only reference in the Offices, Shops and Railway Premises Act is that offices shall be kept clean, it is difficult to get employers to accept that redecoration is included in that term. The reply is usually that the ceiling and walls would be brushed down and then they would be "clean". I would make a strong recommendation that provision should be made by Regulation, under Section 4, to enable Local Authorities to require premises to be redecorated as and when it is considered to be necessary. Such a provision would assist in the problems of lighting and have a psychological effect on the persons employed in the premises.

The standards of lighting recommended by the Public Health Inspectors to all occupiers are the current standards recommended by the Illumination Engineering Society.

Glare has been noticed in some premises caused by unshaded light sources and fluorescent lighting not fitted with diffusing devices. The standard adopted has been that no unshaded light source should be provided at a height of less than 30° to the horizontal at a point 3ft. above the floor level, i.e. at the eye level of the beholder.

### *Shops*

The remarks made in respect of offices apply equally to shop premises. In the majority of shops the lighting provided in the sales area is adequate and especially so in purpose-built buildings. In the purpose-built buildings the standard of lighting in passages, corridors, storerooms, warehouses and on staircases is infinitely better than premises which have been adapted for use as shops. In the conversion building and other works have been confined to the sales areas and the other floors of the building have not been the subject of alteration and retain the domestic atmosphere. Many of the smaller shops adapted from domestic premises still retain the external water closets at some distance from the main building. This is a most unsatisfactory feature, especially in food shops. The general public are responding to the propaganda of the past few years to wash their hands after visiting the W.C.; therefore in 1966 I consider that external sanitary conveniences situate at some distance from the washing facilities should be declared as unsuitable. All sanitary accommodation and washing facilities should be inside the building and provide easy access for all employees.

The standard of lighting in sanitary conveniences, ablution rooms and staff rooms is inadequate and standards should be formulated. Details are given in the report for November. It must, however, be stated here that many external W.C.'s have no artificial lighting provided.

The illumination of certain rooms, i.e. food preparation rooms in shops dealing with foodstuffs are at present covered by the Food and Drugs Act

and the Food Hygiene Regulations. These Regulations whilst being of some assistance do not apply to the whole of the premises consequently there are well lighted rooms, and rooms, passages, staircases etc. which are not well lighted in the same premises.

The lighting of hotels, restaurants, cafes etc. are a special problem. The judgments placed on such premises are difficult to discuss and assess. Some have good lighting, some dim lighting, some have no general lighting at all. In one instance, a basement cafe, with black carpet on the floor, table napkins are black and the only lighting is provided by low wattage electric light bulbs enclosed in a long black tube some 10in. to 12in. in length over each table, seating 4 persons. On entering, customers have to stand on the entrance stairs until their eyes are adjusted to the dim lighting before they can go to a table. In the kitchen and servery we have had very good lighting provided. There must be considerable strain put on the eyes of the persons employed who have to constantly enter the bright lighted area of the servery and the dim lighted dining room.

Some premises appear to like good lighting in the dining area, some strive for dim lighting and some are dark with pools of bright light over the dining tables. In these premises I am of the opinion that a standard of indirect lighting is required with brighter lighting over the tables. The present standard of indirect lighting is insufficient for the staff to see whether they have cleaned the room properly.

In the restaurants opened within the past 12 months the tendency appears to be for indirect lighting to be provided for general or background lighting and for each table to have particular lighting. In these circumstances particular attention must be given to layout, type of furniture, and absence of projections into gangways. Table legs to be recessed from the edge and corners of the tables, which should have rounded corners, floor coverings to be level, smooth and continuous and in good repair to reduce hazards that may cause accidents to the persons employed. If the floor is on two or more levels any steps should be illuminated across the full width of the stairtreads.

In the interests of accident prevention for the persons employed I consider that any indirect lighting should be equal to 10 lumens per square foot over the major part of the floor area, with particular lighting over individual tables.

#### *Accidents reported 1965*

Work Place	Number reported	Total Number investigated	ACTION TAKEN			No action
			Prosecution	Formal warning	In-formal advice	
Offices ... ..	12	11	—	—	5	7
Retail Shops... ..	54	43	—	4	15	35
Wholesale shops and warehouses ... ..	10	8	—	—	2	8
Catering establishments open to Public, Canteens, etc.	11	9	—	2	1	8
Fuel Storage Depots ...	—	—	—	—	—	—
Totals ... ..	87	71	—	6	23	58

*Analysis of reported accidents*

	Offices	Retail Shops	Wholesale shops and ware-houses	Catering establishments open to Public, Canteens, etc.	Fuel storage Depots
Machinery ... ..	—	1	—	—	—
Transport ... ..	—	1	1	—	—
Falls of Persons ... ..	4	24	1	3	—
Stepping on or striking against object or person	2	7	1	1	—
Handling goods ... ..	2	12	1	1	—
Struck by falling object ...	3	—	6	1	—
Fire and explosion... ..	—	—	—	—	—
Electricity ... ..	—	—	—	—	—
Use of hand tools ... ..	—	4	—	3	—
Not otherwise specified ...	1	5	—	2	—

**SHOPS ACTS**

The effect of the Shops (Early Closing Days) Act, 1965, is that now it is in full operation weekly half holiday orders and Weekly Half Holiday Extension Orders applying to traders in Brighton have been cancelled. All shopkeepers in the town can choose their own early closing day but they cannot change the half-day oftener than once in 3 months.

The Craythorne Committee report on Sunday trading was considered, and, Brighton in common with other seaside resorts could not accept some of the recommendations particularly applying to evening closing. It was recommended that all shops should be closed at 7 p.m. on Sunday and no provision was made for local authorities to substitute some later hour if it should be required by the traders. No seaside resort could adequately supply the needs of the townspeople and visitors if shops had to close at 7 p.m. There is at present no fixed closing hour for shops on Sundays. This position stems from the fact that in the 1914 period when the closing of shops was fixed under the Defence of the Realm Act during the 1914/18 war and continued under the Expiring Law Continuation Act until the passing of the Shops (Hours of Closing) Act, 1928, the Sunday Observance Acts, of which there were many, were more strictly enforced. I remember the times when if a shopkeeper opened his shop on Sunday he called at the Police Station on Monday morning and paid his 5s. fine without having received a summons. If summoned the penalty was 5s. and because a number of shopkeepers did not wait for a summons but called regularly at the Police Station to pay the 5s. the law came into contempt and public opinion was such that it was gradually left to die out. As the law for Sunday Observance was still operative when the Act came into operation the legislators did not include Sundays in the Shops Acts.

In an endeavour to keep some semblance of order in regard to Sunday trading and the provisions of the Shops Act, 1950, in respect of seaside resorts when



an order was made under Section 41 allowing an extension of hours for certain trades Sunday was included in the local order by specifying a closing hour for each day of the week. As the extended hours were 10 p.m. or 11 p.m. for each day there was no opposition from traders in regard to the fixing of a closing hour for Sunday. Naturally no prosecutions were instituted for late opening on this day.

Because of the extended hours of trading allowed to shopkeepers for a number of years it would not be possible to impose a closing hour of 7 p.m. on Sundays during the summer period. Representations were made to the appropriate bodies requesting some form of local option for holiday resorts.

The proposals for altering the present Shops Acts issued by the Ministry under the title Retail Trading Hours do provide for greater flexibility for trading. A closing hour of 7 p.m. is proposed with one late night until 9 p.m.; the late night to be fixed by the shopkeeper. It is suggested that local authorities should be allowed to issue certificates for shopkeepers to remain open after 7 p.m. if this would be in the public interest. Certificates could apply to individual shops or to a street or area within the local authority boundaries provided a majority of the occupiers of all kinds of shops in the street or area are in favour. The vexed and troublesome question of "mixed shops" again raises its head and some of the suggestions on this matter appear to be impracticable. The paragraph dealing with religious objections to trading on certain days are unacceptable in the form presented by the White Paper.

The administrative work which would be necessary to implement the suggestions, in some local authority areas, would be onerous and not commensurate with the benefits achieved. The implications of the proposals and their implementation have not been adequately studied in their effect on seaside resorts. Many points of detail are involved but as consideration has to be given to the proposals on a broad basis so as to settle the main points on which future legislation may be based it is not considered that too much emphasis should be placed on the present proposals. Suffice it to say that they do show a degree of liberalisation in interpretation and a more modern outlook, but many meetings will have to be held before concrete proposals can be put forward. I have been invited to attend a sub-committee of the Association of Municipal Corporations to discuss these matters.

During the year seven orders were made under Section 42 of the Shops Act, 1965, in relation to Exhibitions held in the town some of which were an integral part of Conferences.

An order was made suspending the obligation to close all shops at 1 p.m. on one weekday in each week for the month of December.

An order was made under Section 1 of the Act exempting shops in a central area of the town from the obligation to close on one day in each week at 1 p.m.

An application was received from traders in this area of the town to allow them to have a 6-day trading week. A vote was taken by the local authority in accordance with the requirements of the Shops Regulations with the following results.

Number of shops to be affected by the Order	...	399
Number of shops in favour of making the Order	...	221
Number of shops against making the Order	...	77

Two trades did not receive a majority of votes in favour of the order and these were Coal Merchants and Opticians.

The order was made for all shops in the area other than Coal Merchants and Opticians.

Although there was such a large majority of shops in favour of making the Order, a check carried out late in the year showed that only 30 per cent of the shops affected by the Order were remaining open on 6 days.

Inspection of shops and interviews ... ..	2,812
Visits in respect of complaints received ... ..	179
Visits in respect of the preparation of registers and voting for Orders under the Act ... ..	1,094
Occasions on which late night visits were carried out	18
Shops visited when engaged on late night duties ...	154
Number of Sundays on which visits were made ...	30
Number of shops visited on Sundays ... ..	750

Only one trader was prosecuted during the year and he was reported for failing to close his shop on Sunday (Section 47, Shops Act, 1950). A fine of £10 was imposed.

Mr. J. HOLMES, Senior Food and Drugs Inspector, reports as follows:—

### COMPLAINTS ABOUT FOOD

The number of complaints about food fell slightly from 230 in 1964 to 205 in 1965.

Bread ... ..	46	Ice cream ... ..	1
Cakes and Biscuits... ..	16	Restaurant meals ... ..	4
Fish—fried ... ..	4	Baby food ... ..	1
frozen ... ..	2	Puddings ... ..	2
canned ... ..	2	Butter ... ..	3
Meat—fresh... ..	22	Sugar ... ..	1
canned ... ..	20	Herbs ... ..	1
frozen ... ..	2	Flour... ..	1
Vegetables—fresh ... ..	2	Meat pies ... ..	14
canned ... ..	5	Fruit pies ... ..	5
frozen... ..	1	Sausages ... ..	7
Soup—canned ... ..	1	Bacon and ham ... ..	3
Fruit—fresh... ..	3	Sugar confectionery ... ..	9
dried ... ..	2	Breakfast and other cereals ... ..	2
canned ... ..	4	Potato crisps ... ..	1
juice... ..	1	Pickles ... ..	1
Milk and cream—fresh ... ..	9	Beer ... ..	1
dried ... ..	1	Mineral water ... ..	1
canned ... ..	3	Jam ... ..	1

Each complaint was fully investigated and where necessary the complainants were suitably recompensed by the vendor or manufacturer. While food manufacturers do not welcome the publicity that follows a prosecution, their main concern is to find out how their quality control or manufacturing system has broken down to allow one defective article to get through to shops.

Complaints about bread and confectionery were again responsible for nearly one third of the total (30 per cent) and it is necessary to stress to bakers that most of these complaints would not arise if the bakery machine was not over-greased. Warnings were given in most instances but prosecutions were taken in the following cases:

	<i>Fine</i>	<i>Costs</i>
Bread containing metal ... ..	£25	£13 18 0
Bread containing moth and moth larvae ... ..	£15	£5 5 0
French jam sponge—mould... ..	£10	£3 18 0
Bread roll containing coarse string... ..	£15	£3 18 0
Apple turnover—mould ... ..	£25	£3 3 0
Bread { containing mouse excreta ... ..	£15	£3 18 0
{ mouse excreta in bakehouse ... ..	£5 (max.)	

One complaint was made about the labelling of a block of ice-cream described as "Peach Melba." There was no fruit content and discussion took

place with the makers as to the misdescription on the wrapper which was re-designed to meet the objection.

It is gratifying to report that of the millions of meals served in the town only four gave rise to complaint.

Most of the complaints regarding canned food (35) were found to be due to some defect in the cans caused by careless handling which allows air to enter the can and cause decomposition.

Difficulty is often experienced when a complaint is made of unusual taste or smell of a food, and in some cases the Public Analyst has to be consulted. Investigation of the peculiar taste of frozen fish revealed that the frozen food cabinet concerned was not working at the correct temperature. The defect was remedied and fresh stocks put in.

During the summer drink coolers appeared on sale. These are small plastic moulds in the shape of elephants or golf balls, and containing water, which are first frozen and then placed in drinks instead of ice. To make sure there was no risk of contamination in the event of the water leaking out, specimens were examined and found to contain no coliform bacillus. Several months later, similar articles in other parts of the country were alleged to have been suspected of containing contaminated liquid, which was denied by Hong Kong Health Department, who supervised the manufacture of the articles.

Proceedings under Food Hygiene (General) Regulations 1960 were taken against a shopkeeper for offences as follows:

No wash hand basin, hot and cold water, soap, nail-	
brush and clean towels ... ..	Fine £10
Defective sink ... ..	Fine £10
Insanitary condition of a food room ... ..	Fine £10
(Costs £5 5s. 0d.)	

## FOOD INSPECTION

### *Foodstuffs condemned*

#### *Foodstuffs surrendered from markets and shops*

		Tinned or bottled (units)			Other foodstuffs (pounds)		
		Meat Fish Poultry	Fruit Veg	Other items	Meat Fish Poultry	Fruit Veg	Other items
Abattoir ...		977	2153	210	18874	2	—
Food and Drugs ...		908	4105	1521	10510	9308	748
Totals ...		1885	6258	1731	29384	9310	748

### *Preservatives in Food Regulations 1962*

#### *Merchandise Marks (Imported Goods) No. 7 Order, 1936*

Sampling of sausages and sausage meat showed that there were widespread contraventions of the above Regulation and Order, which refer to

- the declaration of the presence of preservatives and
- the marking of meat with the country of origin.

Warning letters were sent, and a letter to all butchers, drawing their attention to the legal requirements.



## EDUCATION IN FOOD HYGIENE

The certificate course in Food Hygiene, leading to the diploma of the Royal Institute of Public Health and Hygiene, has continued. The number of people taking this course, which lasts ten weeks, is a very small proportion of the total number of food handlers in the town, and it was realised that the lectures must be made available to larger audiences.

The Health Committee approved a proposal to start a series of short talks to be given at the place of employment or in a central hall, and the trade associations and individual firms were informed of the facility and the importance of food hygiene education to all ranks in the food trade. The need for all food handlers to have a basic knowledge of bacteriology and the steps to be taken to protect foodstuffs, was found to be appreciated by all concerned. A talk on this subject, even in the simplest terms, is not easily put over to laymen, and the Food Inspectors made up a set of colour slides, some from large food firms supplemented by home-made slides.

The lectures were started in February, the hotels being dealt with first, suitable rooms being made available by the management on their own premises. To avoid undue disturbance of staffing arrangements, more than one lecture was given at the large establishments. By the courtesy of the Royal Pavilion, Museums and Libraries Committee, the lecture theatre at Church Street was made available for groups from small catering firms and food shops. Nearly 900 people heard the talk.

The scheme received wide publicity and articles, with reproductions of the home-made slides, appeared in Municipal Engineering and Hotel and Catering Times.

### *Diploma Course*

Four courses of lectures were given at the Technical College in connection with the Diploma Examination in Food Hygiene and Food Handling of the Royal Institute of Public Health and Hygiene. Eighty-two members of the food trade completed the ten weeks course, and sixty were successful in obtaining the diploma.

## FOOD AND DRUGS—SAMPLING

Sampling was carried out by the Food Inspectors during the absence through illness of the Sampling Officer from March to October. Of the 146 samples taken the following contraventions were reported:

Fifteen samples contained foreign matter and five were affected by mould growths.

### *Labelling of Food Order, 1953*

Thirteen contraventions of the Order were detected. New labels were provided by the manufacturers. The defects were mostly in connection with the listing of ingredients.

- Rice Milk Pudding
- Tomato puree
- Whole carrots
- Lemon sack
- Potato crisps
- Cream
- Evaporated milk
- Cheese flaps
- Blackcurrant juice
- Baby food
- Milk shake syrup
- Soup
- Non seasoned meat tenderiser.

*Pharmacy and Medicines Act, 1941**British Pharmaceutical Codex*

Eight articles were found to contravene the above Act and/or Codex. The deficiencies were corrected by the makers. The articles concerned were:

First Aid spray bandage  
Thermal Wool  
Liquid lanoline  
Calamine Cream  
Ear drops  
Solzets  
Children's aspirin  
Capsicum Tissue B.P.C.

**BACTERIOLOGICAL EXAMINATIONS***Milk Supplies*

The following table shows the different designations of milk which were examined at the Public Health Laboratory:

Designation	Number of samples	Failed Methylene blue	Failed Phosphatase test
Pasteurised ... ..	118	—	1
Untreated ... ..	74	12	—
Sterilised ... ..	29	—	—
Totals ... ..	221	12	1

43 samples of milk were examined for penicillin content, and all were satisfactory.

4 samples passed the Brucella Ring test.

4 samples passed the Tubercular test.

12 samples of untreated milk, produced outside the Borough, failed the methylene blue test. The farmers concerned were notified and follow-up samples were found to be satisfactory.

**WATER SUPPLIES***Drinking water*

27 samples of town's water were examined and reported to be satisfactory.

*Well water*

Privately-owned wells at an hotel and dairy were sampled on 68 occasions and found to be satisfactory.

*Swimming baths and paddling pools*

195 samples of water from swimming baths and paddling pools were taken. Two paddling pools were reported to have high counts on seven occasions, in spite of chlorination and daily emptying and refilling of the pools. The contamination is introduced by the children running in and out of the pools.

One swimming bath water sample was unsatisfactory and the lapse could not be explained. Subsequent samples were satisfactory.

School swimming pools samples were better than last year, but on nine occasions the bacterial count was high. Advice was given as to the proper dosage of the pools, and it is hoped that a simple and inexpensive automatic dosing apparatus can be designed by this department.

### **RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951**

Four samples of filling material were reported to be genuine.

### **FERTILISER AND FEEDING STUFFS ACT 1926**

Eight samples were taken under this Act. Seven were satisfactory and one was reported not to conform with the statutory statement printed on the label. On investigation it was found that the manufacturer, whose name appeared on the label, had been taken over by another firm, and this product had been discontinued. In the circumstances no further action was taken.

### **ICE CREAM**

Four samples of ice cream were taken, three of the samples being Grade I and one Grade II.

### **COFFEE BARS**

Coffee Bars have been the subject of complaints from residents in the town over the past few years. Complaints of nuisance caused by the frequenters of these premises in regard to their conduct outside the premises, shouting and noise from motor cycles and car engines, banging of doors etc. have resulted in many complaints which cannot be dealt with by the Department because they refer to the conduct of persons in the street. Noise complaints in regard to loud music from juke boxes and orchestras were investigated and dealt with. The occupiers of the premises were required to fit remote volume controls so that the machines were controlled from behind the serving counters.

Many of these premises had no sanitary accommodation provided for the use of customers and by the use of powers under the Public Health Acts this deficiency was remedied. This action was the cause of some coffee bars closing down because of the costs involved.

One feature of coffee bars is the lack of reasonable lighting in the public rooms. At present there is no legislation under which we can enforce minimum standards, consequently readings of 1 lumen/sq. ft. or less in a room of some 12 feet square is the standard of lighting provided. The blame for this state of affairs can partly be placed on the occupiers of the premises. In their efforts to attract customers they have tacitly agreed to the teenagers' demand that very dim lighting shall be provided.

It has been argued that the local authority could deal with the lighting of the premises under the Food and Drugs Act and the Food Hygiene Regulations. This is not so, as the Regulations apply only to "food rooms" and if no food is served in the room they are exempt from all requirements. All rooms where food is stored, prepared or sold are well lighted but the public rooms where the food or drink is consumed are not.

These premises are usually situated in basements, are overcrowded, and could constitute a fire hazard under these conditions. Legislation directed to overcrowding deals with housing and workplaces, offices and shops in so far as persons are employed on the premises. Very few persons are employed in coffee bars. No provision is made in respect of overcrowding by persons frequenting premises.



Coffee bars have been implicated in the distribution of drugs amongst teenagers. Drug addiction in young persons received serious consideration by the Council during the year resulting in the preparation of a Bill to be presented to Parliament and designed to give the local authority additional powers of control over these premises.

Seventy-two visits were made to Coffee Bars during the year for routine inspection purposes. In addition ten visits were made at night to investigate complaints of noise nuisances. The complaints referred to juke boxes, live beat group shows, noise from a ventilation system and the behaviour of the customers on leaving the premises late at night and the early hours of the morning.

### PUBLIC ABATTOIR

Mr. R. L. SCOTOW, Senior Meat Inspector, reports:

Compared with the previous year, the annual throughput has fallen by some 3,000 cattle units.

#### *Tuberculosis*

The eradication of tuberculosis in cattle seems to be in sight. Only 11 Tuberculosis Reactors were slaughtered during the year compared with 163 Reactors and 68 "Contacts" of the previous year.

On post-mortem examination, 5 or nearly 46 per cent showed visible lesions of tuberculosis.

During routine meat inspection only one market animal was found to be affected with lesions suggestive of tuberculosis. The local Divisional Officer of the Ministry of Agriculture, Fisheries and Food was informed so that further veterinary inspection of the herd involved might be made.

#### *Fascioliasis*

The relatively high incidence of fascioliasis (liver fluke) in cattle has continued to cause concern particularly amongst local butchers.

The following table shows that this year the total rejection rate of whole bovine livers has risen by 1 per cent whilst the fascioliasis rate fell by 4 per cent. Telangiectasis in cows probably accounts for the small rise in the rejection rate of whole livers.

#### *Rejection Rates of Bovine Livers*

Year	Throughput	Whole Livers					Part Livers Fascioliasis	
		Total affected	%	Cause	No.	%	Total affected	%
1965	8905	2924	33	Fascioliasis	2137	24	2214	25
				Abscesses ...	633	7		
				Other causes	154	2		
1964	10463	3333	32	Fascioliasis	2455	24	3061	29
				Abscesses ...	735	7		
				Other causes	143	1		

The fact that the fascioliasis rate in cattle has fallen this year is the direct result of a Local Meat Wholesaling firm leaving the Public Abattoir at the end of the third quarter of the year. The firm concerned slaughtered cattle

from local markets carrying a high fascioliasis incidence. This coupled with an increase in numbers of "Barley Beef" cattle, which are not affected with this parasite may give the impression that fascioliasis in cattle is being dealt with. This is not the case.

It is considered that farmers should be encouraged to take active measures against liver fluke disease in cattle and sheep. Subject to the approval and supervision of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, an eradication scheme on individual farms could be employed. Such schemes should include:

1. The promotion of land drainage schemes of pastures where necessary and if possible grants should be made available to the farmers for this purpose.
2. A condition of any grant should include approved treatment of pastures with molluscicides at certain times.

Approval of the claim should be given only after the Animal Health Division was satisfied that a liver fluke infestation was present on the applicant's farm. The infestation could be determined by (a) evidence encountered in meat inspection of the suspect animals in a slaughterhouse and (b) corroborative evidence by laboratory examination for *Fasciola hepatica* eggs in representative dung samples from animals remaining on the suspect farm.

When the Animal Health Division was satisfied that improvement of the drainage of infested pastures would enhance the success of treatment of the live animals, then an appropriate Land Drainage Grant should be made available upon application by the farmer concerned.

### *Cysticercosis*

As forecast in the Annual Report for 1963, the decision, based upon the requirements of the Meat Inspection Regulations, 1963, to place into cold storage all carcasses and offal with a *Cysticercus bovis* infestation, irrespective of the viability of the cyst, has not proved a popular measure. This decision stemmed from the following.

Schedule 2 of the Meat Inspection Regulations, 1963, dealing with Indications of Unfitness for Human Consumption states that where the *Cysticercus bovis* infestation is generalised then the whole carcass and all the offal shall be rejected.

In paragraph 7 of the same Schedule it is stated that

"Where the Inspector is satisfied that any part of a carcass or any offal is affected with a localised infestation of *Cysticercus bovis* he shall regard the following parts of the carcass and offal as unfit for human consumption:

- (a) The part of the carcass or offal so infested.
- (b) The remainder of the carcass and offal unless he is satisfied that they have been kept in cold storage at a temperature not exceeding 20°F. (—7°C.) for a period of not less than three weeks or at a temperature not exceeding 14°F. (—10°C.) for a period of not less than two weeks."

The Meat Inspection Regulations as quoted above show the course of action to be taken by the Inspector when dealing with a generalised and a localised infestation. It does not indicate in any way that there is a lesser infestation of *Cysticercus bovis*. In fact, it specifically states that unless the infested carcass and offal is subjected to appropriate cold storage the carcass and offal shall be rejected as unfit for human consumption. There is case law to support this point.

The finding of a single cyst, even though degenerated, is evidence of a localised infestation and to comply with the Statutory requirements of the Meat Inspection Regulations, 1963, the remaining offal must be subjected to cold storage treatment.

It is well to remember that Regulation 10 requires an Inspector to mark a carcase after inspection only when he is satisfied that the carcase is fit for human consumption.

In 1963, statistics of the Cysticercosis incidence at the Public Abattoir and opinions on the Cysticercosis problem were submitted to the Veterinary Public Health Association. After compiling this report the Memorandum of this Association has been published and reinforces the criteria of judgement which must be the basis of whether a carcase and organs have to be submitted to refrigeration before they can be considered to be fit for human consumption.

During the year, 133 carcases and remaining offals were consigned to cold storage treatment making an incidence of 1.49 per cent for Cysticercosis, a rise of 0.14 per cent compared with last year. This incidence is so close to the average of 1.44 per cent for the past six years it suggests that the sources of infested cattle and the standard of meat inspection are remaining nearly constant. From records kept during the period 1958 to 1963, it can be seen that the same farms were cropping up again and again with *Cysticercus bovis*. No adverse comment on methods of animal husbandry is implied as only too often *Cysticercus bovis* is to be found in the best heifer or steer slaughtered on any day.

The problem of bovine cysticercosis has evoked much discussion in the past and will continue to do so in the future. Perhaps it should be also regarded in true perspective concerning the economic losses. The magnitude of the problem is by no means as great as that when our cattle were carrying a very high incidence of Tuberculosis. The fact that 1.49 per cent of cattle slaughtered were affected with *Cysticercus bovis* does not mean a total loss as it did when Generalised Tuberculosis was found. There is an immediate return on the hide, tripe and intestines and it is not until after cold storage does the possibility of depreciation occur. The carcase and offal recovered is in the frozen state but, providing thawing is carefully carried out, it can be as nearly presentable as fresh-killed meat. In the past, Market Insurance Companies have paid 30 per cent of the live cost as compensation for cold storage loss. 30 per cent seems a generous allowance but using it as a yardstick the depreciation of 133 carcases can be reduced for comparison to a total loss of 40 carcases or 0.45 per cent of the total throughput.

There is no doubt that protection of Public Health will continue to cost money but it is reassuring that the Cysticercosis action is in accord with one of the Resolutions passed at the World Veterinary Congress in 1963.

The Resolution read as follows:

“IV. As *Cysticercus bovis* infection in cattle and *Taenia Saginata* infection in man constitute a serious health and economic problem, the XVIIth World Veterinary Congress requests W.H.O. and F.A.O. to devote special attention to the problem and to work for:

. . . . .

2. (In the more developed countries)

(a) The standardisation of methods of examination of cattle for this parasite;

(b) Encouragement of the adoption of regulations that will prevent meat affected with either dead or living cysts being used for human consumption without previous treatment”.

. . . . .



### *Specialised Investigations*

For the past three years, certain material has been sent to a member of the Department of Pathology of the Royal Veterinary College. He is studying the pathogenesis of endocarditis experimentally and finds the examination of spontaneous cases as encountered in the slaughterhouse to be of great help. Unfortunately, specimens of verrucose endocarditis, one of the lesions of chronic swine erysipelas, are relatively rare now due to the ready use of antibiotics but when found they are sent for examination.

A typical report on the flora found is that *Erysipelothrix rhusiopathiae* and beta-haemolytic streptococcus were isolated from all affected heart valves and the myocardium. It has been further pointed out that the *Erysipelothrix* strains were quite pathogenic for mice and caused endocarditis in rats.

The liaison with the Royal Veterinary College on examination of neoplasms has continued. During the last quarter of the year parallel specimen material was sent also to the University Veterinary Hospital, Glasgow. Here, a survey is being conducted in an endeavour to accurately assess the incidence of tumours in food animals of Great Britain. The primary interest is in lymphosarcoma but other tumours are included in the survey.

From 23 specimens of neoplastic material sent for investigation only one proved not to be a true neoplasm. The results are summarised in the following table.

### *Neoplasms*

Primary Division	Provisional Classification	Cattle	Calves	Sheep	Pigs
Benign	Cortical adenoma ... ..	1	—	—	—
	Liver cell adenoma ... ..	—	—	—	1
	Fibroma ... ..	1	—	—	—
	Fibro-leiomyoma ... ..	—	—	—	1
	Melanoma ... ..	4	—	—	—
	Phaeochromocytoma ... ..	5	—	—	—
	Interstitial cell tumour ... ..	1	—	—	—
Malignant	Squamous cell carcinoma ... ..	1	—	—	—
	Adenocarcinoma ... ..	2	—	—	—
	?Hodgkin's Disease ... ..	—	—	—	1
	Lymphosarcoma ... ..	1	—	—	2
	?Reticulum cell sarcoma ... ..	1	—	—	—
Negative	Fat necrosis/foreign body reaction ... ..	—	—	—	1

### *Casualty Slaughtered Animals*

Number slaughtered	Totally Rejected	Carcases of which some part or organ was rejected	Passed Unconditionally
Cattle ... 44	15	8	21
Calves ... 10	4	2	4
Sheep ... 6	—	—	6
Pigs ... 67	23	17	27
TOTAL ... 127	42	27	58

These animals were sent by their owners into the Public Abattoir for emergency slaughter because of disease or, on rarer occasions, accident. Not all casualties became a statistic as not all are notified to the local authority as casualties. Legislation controls only the circumstances under which a dead carcase can be admitted to a slaughterhouse. Live casualties can be admitted without any hindrance.

As long ago as 1876, Bollinger, a German authority, claimed that the great majority of outbreaks of food-poisoning in his country followed the consumption of animals killed under emergency. As a result, in some countries now, such carcasses are not passed for consumption until the meat has been examined bacteriologically.

In view of the obvious danger inherent in meat derived from casualties, a veterinary authority from Australia is surprised to note the trouble taken in countries like ours to salvage such doubtful carcasses or even portions thereof.

## **DISEASES OF ANIMAL ACTS**

### **SWINE FEVER ORDER OF 1963**

On no occasion was Swine Fever suspected in the slaughterhouse and no pig farm declared to be an Infected Place within the meaning of the Order.

### **SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1956**

The County Borough was not included in an Infected Area.

### **ANTHRAX ORDER OF 1938**

On two occasions, whilst boning out cow carcasses, knackermen found lesions suggestive of Anthrax. The knacker's yard was declared to be an Infected Place, carcasses, offals and hides were cremated and the premises disinfected on each occasion. Anthrax was confirmed by the Ministry of Agriculture, Fisheries and Food in one of the two instances.

### **SLAUGHTER OF ANIMALS ACT 1958**

On 31st December, 1965, twenty-three persons were in possession of slaughtering licences issued by the County Borough.

### **SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS 1958**

The annual return made by the occupier of the local knacker's yard showed that no horse had been slaughtered on the premises and that 53 horse carcasses had been received there during the year.

## ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

### *Carcases and Offal Inspected and Rejected in Whole or Part*

	Cattle	Calves	Sheep	Pigs
Killed ... ..	8905	1910	23722	31756
Inspected ... ..	8905	1910	23722	31756
<i>All diseases except Tuberculosis and Cysticerci:</i>				
Whole carcases condemned ... ..	29	19	63	266
Carcases of which some part or organ was condemned ... ..	5629	106	4132	8565
Percentage of the number infected with disease other than Tuberculosis and Cysticerci ... ..	63.54	6.54	17.64	27.81
<i>Tuberculosis only:</i>				
Whole carcases condemned ... ..	—	—	—	—
Carcases of which some part or organ was condemned ... ..	8	1	—	21
Percentage of number inspected infected with Tuberculosis ... ..	0.08	0.05	—	0.07
<i>Cysticercosis only:</i>				
Carcases of which some part or organ was condemned ... ..	133			
Carcases submitted to treatment by refrigeration ... ..	133			
Percentage of the number inspected infected with Cysticerci ... ..	1.49			

Mr. L. H. WHANSLAW, Senior Inspector for Smoke and Special Duties, reports as follows:

#### *Examination of Plans Submitted for Approval*

During the year 2,507 applications for bye-law approval and planning permission were received and approximately 500 deferred items were considered. Site inspections and interviews with architects and builders in connection with these matters required a considerable amount of time particularly on large redevelopment sites in the town. One Inspector was almost fully occupied on this work.

The Offices, Shops and Railway Premises Act, 1963, is having an effect on the type of plans submitted. There has been an increase of plans dealing with shops and office accommodation in existing premises for the provision of better amenities for the staff.

An increase in the installation of dry cleaning units in launderettes has necessitated visits to all such establishments. It was found that the solvent to be used was Perchloro-ethylene. The staffs were interviewed and made aware of the risks involved. Most of these units provide a quick service and no clothing should be taken away from the shop before complete aeration has taken place. Although staffs have been told to issue appropriate warnings to customers we suggested that warning notices of adequate size be displayed by the machines.



Other matters which are constantly being suggested to developers of multi-storey buildings is the necessity of having some provision for incineration of certain types of disposable materials and also having lift cages large enough to take an ambulance stretcher with collapsible handles.

### *Incinerators*

In 1961 I drew attention to a problem in connection with the disposal of soiled material in home nursing cases. Many retired elderly persons are occupying flats in multi-storey buildings and the number of persons being nursed at home is increasing. Also for younger married people the disposal problems for home confinements is one which must be taken into account. Modern multi-storey buildings are designed for electric, gas or oil fired central heating plants. There are no fireplaces therefore it is important to make some provision for incineration in the design stage of the development.

At the present time this Department operates a delivery and collection service for the District Queen's Nurses, midwifery services and for the Geriatric Health Visitors. The delivery of incontinence pads where required and the collection of soiled material from the various premises is carried out. This service is fully extended and any further expansion will require additional staff and transport facilities. In 1964 when this service was commenced 512 collections were made: this figure trebled in 1965 to 1,805 visits, and is still increasing. An analysis of the premises where this service has been provided is made up of 50 per cent from flats, 25 per cent from houses and 25 per cent from basement flats. With the increase in the number of multi-storey flats being erected it is anticipated that such a service will have to expand in the interests of the inhabitants and to ensure the most hygienic disposal of this soiled material which is unsuitable for the ordinary methods of domestic refuse disposal.

### *Lifts*

The provision of lifts in high blocks of flats of a sufficient size to accommodate a stretcher has been discussed with the Chief Ambulance Officer. He informs me that the number of patients removed from high blocks is steadily increasing and whilst the majority can be transported in stretcher chairs the remainder should be carried in a horizontal position. In cases of coronary attack, unconsciousness, or where resuscitation has to be attempted, it is imperative that the patient remains in a horizontal position.

Discussions with architects and designers show that to provide a 7ft. lift cage entails additional costs by providing heavy duty electric motors and carrying gear. There is also a reduction in the available letting space on each floor of the building. In some instances a compromise arrangement has been agreed by the formation of a recessed cupboard in a normal size lift at floor level. The provision of this recess necessitates re-designing the lift shaft which has to be made to provide for the extension recess. The Building Regulations prescribe many standards applicable to buildings but no mention is made of the size of lifts.

### *Loss of Residential Accommodation*

Sixty-four applications were received involving the loss of residential accommodation on re-development or change of use proposals. All the properties concerned were inspected and forty-one were found to be unfit for human habitation or badly arranged in relation to other buildings in the area.

## *Nursing Homes*

During the year the majority of private nursing homes carried out a schedule of repairs and alterations prepared by this Department in 1964 in accordance with the requirements of the Nursing Homes Act, 1963. Many visits were made to these premises whilst works were in progress and advice was given to architects and builders.

All new applications received during the year were dealt with by a joint visit of a Public Health Inspector and the Chief Nursing Officer. The premises were surveyed and applicants advised of any alterations which were necessary by the requirements of the Conduct of Nursing Homes Regulations, 1963.

## *Old Persons Homes*

Thirty-five visits were made during the year with a representative of the Welfare Services Department to the registered old persons homes. All were found to be satisfactory.

## *Day Nurseries and Play Groups*

Inspections of the registered Day Nurseries were carried out and applicants for new registrations were interviewed and the requirements of this Department were explained to them. In a number of cases applicants were unable to proceed with their proposals as planning permission could not be obtained.

Visits were made to unregistered playgroups and advice given where required. The Chief Fire Officer is notified of all such premises so that a check can be made of the adequacy of fire precautions provided. The Local Authority have no powers to require registration of these groups unless children are received for a substantial part of the day, therefore we have to act in an advisory capacity in these cases. The majority of playgroup organisers have been very co-operative and readily accept advice on the suitability of the premises and the amenities which should be provided for the children.

## *Clean Air Act, 1956*

Daily air pollution readings, at 3 sites in the town, were continued throughout the year, but the fourth site was closed down for a long period due to structural alterations being carried out to the building in which it was housed. Probably due to the comparatively cold summer more domestic fires were in use than is usual and for the first time since readings commenced it was not possible to change down to  $\frac{1}{2}$  in. clamps. This change down is the standard procedure when extremely clean air readings are obtained.

There is no doubt that the amount of smoke pollution from industrial sources has been reduced since the Clean Air Act was introduced but domestic smoke has not fallen in the same proportion. Progress is being made, in so far as modern building practice demands the use of oil, gas and electricity rather than solid fuel appliances and where solid fuel is used there is usually a small domestic boiler in use. Central heating of living accommodation is being accepted as a necessity in dwellings. As time goes on and the older properties in urban areas are cleared away there must be progress in the elimination of domestic smoke being discharged into the atmosphere. Progress in this field of our work is bound to be slow as seaside resorts are low in the category of priorities. The making of smoke control orders affects the low income groups of the population such as pensioners and people on fixed incomes because of the

higher cost of treated fuels. More heat is provided in the dwelling from smokeless fuels but there must be some adjustment in the financial situation of the persons affected, so that reasonable living conditions can be maintained. Not all pensioners receive national assistance.

Nuisance from oil smuts still arises and is mainly due to infrequent flue cleaning or burner maintenance. After investigation of complaints it has been possible to deal with these matters on an informal basis. The large oil companies are willing to assist the Inspectors in their investigations and excellent co-operation has been built up over the years.

All new heating installations are checked in regard to capacity, type of fuel to be used, construction of the plant and the height of chimneys when plans are submitted to the local authority.

Solid fuel plants are frequently checked in the town and excellent arrangements exist with the local fuel suppliers and the National Coal Board for advice on suitability of various types of fuel for specific plants. As an instance of the co-operation received I would quote the following case.

Persistent complaints of grit deposits from an industrial boiler plant were investigated by the officer engaged in smoke control, with the assistance of the representatives of the fuel suppliers and the National Coal Board.

Numerous tests and observations were carried out over a prolonged period and it was decided that the emission of grit was due partly to incorrect stoking by the boiler house staff and partly to the type of mechanical stoker in use.

Action taken by this Department and the National Coal Board was as follows:

Grit deposit plates were sited in the vicinity of the premises and collected every 24 hours.

Plate A below represents the type and amount of grit deposited in 24 hours before our recommendations were put in hand.

After consultation with the management, it was agreed that the boiler house staff be advised on an alternative method of firing the boiler, which avoided lighting up from cold each morning. Once the staff had become proficient at this method, there was a considerable improvement and Plate B represents a typical sample of grit deposit then obtained in 24 hours.

Further negotiations with the management resulted in the installation of a grit arrestor plant and Plate C, taken under similar weather and load conditions, shows a marked reduction in the grit deposited.

The management were extremely co-operative at all times and are satisfied that, as a result of the alterations, there has been a noticeable reduction in the amount of grit being deposited on their own premises and, although the equipment has not been installed for a sufficient period of time to form an accurate assessment, it would appear that, in order to maintain the same level of boiler efficiency, less fuel is being used.





C

### *Disposal of Plastic Material*

The need for investigation into the eventual disposal of plastics was spotlighted this year when complaints of dense acrid smoke from a hospital incinerator were received.

It was found that the incinerator, which had recently been installed, was gas fired and fitted with after-burners for consuming any smoke passing from the combustion chamber.

All forms of wet and dry refuse were efficiently disposed of, but when such plastic material as syringes, petri-dishes, etc., from the laboratory were placed in the combustion chamber, dense clouds of smoke were emitted.

The advice of the incinerator manufacturers was sought and their engineer visited the site. Alterations on the method of firing were suggested, and immediately put into operation. Although there was an improvement, it was considered that the smoke still being emitted was excessive.

Manufacturers of plastic articles used at the hospital informed us that this problem was fairly common and that many hospitals sterilised infective

material by auto-clave and then disposed of it as normal rubbish. This method of disposal is now used and no further nuisance arose.

As there is an ever increasing amount of plastics now being marketed and their eventual disposal will raise problems it was decided that this matter should be pursued. Approaches were made to the Rubber and Plastics Research Association of Great Britain, who although unable to help at the present time, advised us that this problem had also been raised from other sources and it was hoped to make a thorough survey during the coming year after which they would advise us of any possible solutions.

### *School Hygiene*

The standards of sanitary accommodation provided in the older schools in the borough have been increasingly criticised by parents during the year.

The construction of new schools, housing developments and higher living standards, make progress in the rehabilitation of out-moded buildings an ever more urgent job. Demand is exceeding supply, and by supply one includes not only material improvements but the finances required to meet these demands. The determination of priorities in regard to individual schools will be a vexed question over a few years for the elected members of Education Committees.

The pre-Victorian standards that are so evident in the older school buildings cause a deal of concern to the parents of children who, unfortunately, have to be accommodated in these premises. The buildings have served many generations of children and it is freely admitted that they are due, and in some instances overdue, for replacement. The cost of the education services is very high and decisions will have to be made in regard to the future of these obsolescent buildings. Public opinion is bringing pressure to bear on this matter and if the old schools are not to be replaced in a reasonable number of years then improvements must be made. The training in basic hygienic principles that these future citizens receive in their formative years will have a great bearing on the preventive public health services in the future.

Routine visits have been made to schools throughout the year and improvements to older buildings have proceeded although slowly. Major projects for the complete re-construction of sanitary and ablution blocks have been agreed for some schools and included in the 1966 programme of works.

All Secondary schools have been provided with paper towels and by early next year this will be extended to cover all primary schools in the Borough.





COUNTY BOROUGH OF BRIGHTON



# ANNUAL REPORT

OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

*M.B., Ch.B., D.P.H., D.I.H.*

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1965

HEALTH DEPARTMENT,  
ROYAL YORK BUILDINGS,  
BRIGHTON, 1.

July, 1966.

*To the Members of the Brighton Education Authority.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the School Health Service for which, as Principal School Medical Officer, I am responsible to the Brighton Education Authority. While the following pages set out details of the work done by the School Health Service, I wish to draw your attention to some important points.

One is the reconstitution of the Child Guidance Clinic as part of the School Health Service under Dr. M. D. A. Heller as Consultant Psychiatrist. At this early stage it is not possible to comment, except to say that after due experience I propose to make a special report on the volume of work and lines on which this service might progress.

Another is the creation of a student health service for the centres of higher education in Brighton. While the present plans provide for only partial cover, I trust that the Council will accept from me appropriate suggestions to make these more effective. As it is, the steps taken represent a considerable advance and will undoubtedly do much to conserve the health of the student population of Brighton at a most vulnerable age.

The general oversight and control of the School Health Service is carried out on my behalf by the Deputy Medical Officer of Health, Dr. W. H. Allen, who is also Deputy Principal School Medical Officer. For the period of this report I have been greatly assisted by the most considerable contribution made by Dr. Allen, who has now left Brighton to be Deputy County Medical Officer for Hertfordshire. I cannot speak too highly of the value of Dr. Allen's work, not only in the actual control of the service, but also in his professional observations and the considerable innovations which he has achieved: of these the most noteworthy is the introduction of the Brighton School Audiological Service.

Unfortunately I have to report the continuing difficulty in attracting applications for the post of school nurse: this dearth is in direct contrast to the Brighton Health Department where I maintain a waiting list of applicants wishing to become Health Visitors.

I would like to express my thanks to all members of other Departments who have contributed to this report, and also my appreciation for the co-operation shown by the Director of Education and his staff and the head teachers.

In conclusion I would acknowledge the work of the members of the School Health Service which has made this report possible.

Yours faithfully,

W. S. PARKER,  
*Principal School Medical Officer.*



# EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

Members of the Education Committee and certain Sub-Committees  
as at 31st December, 1965

## EDUCATION COMMITTEE

Councillor A. SLESS, M.B., B.CH.  
(Chairman)  
His Worship the Mayor  
(Alderman D. S. Y. BAKER, M.B.E., J.P.)  
Alderman W. H. G. BUTTON  
" G. FITZGERALD  
" J. L. MILLER  
" Miss D. E. STRINGER, O.B.E.  
" C. H. TYSON, B.SC., F.C.A.  
" F. E. WINCHESTER  
Councillor R. J. BLACKWOOD  
" G. G. BRADLEY  
" Mrs. G. M. CECCOTTI  
" W. H. CLOUT  
" S. D. DEASON  
" G. W. HUMPHREY

Councillor C. W. JERMY  
" J. REEVE  
" R. J. SALT  
" D. B. SHELDON  
" R. H. SHRIVES  
" S. W. TAYLOR, M.B.E.  
" Mrs. M. L. WIGGANS, J.P.  
Mr. G. A. BURTON  
The Rev. M. G. COSTELLO  
Mr. E. W. R. EDE, M.B.E.  
Mrs. W. R. GATEHOUSE, L.G.S.M.  
Mrs. M. JAMESON  
The Rev. Canon J. N. KEELING  
Mr. T. A. MARKHAM  
Mrs. M. G. MILLS, M.A.  
The Rev. EMRYS WALTERS

## SCHOOLS SERVICES SUB-COMMITTEE

Alderman W. H. G. BUTTON (Chairman)  
THE MAYOR  
Councillor G. W. HUMPHREY  
" R. J. SALT  
" D. B. SHELDON  
" R. H. SHRIVES

Councillor A. SLESS, M.B., B.CH.  
Mr. G. A. BURTON  
Mrs. W. R. GATEHOUSE, L.G.S.M.  
Mrs. M. JAMESON  
Mr. T. A. MARKHAM  
The Rev. EMRYS WALTERS

## SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Alderman W. H. G. BUTTON (Chairman)  
THE MAYOR  
Councillor R. J. SALT  
" D. B. SHELDON  
" A. SLESS, M.B., B.CH.  
" Mrs. M. WIGGANS, J.P.

Mr. E. W. R. EDE, M.B.E.  
Miss R. EVANS  
Mrs. M. JAMESON  
Mr. T. A. MARKHAM  
Mr. E. POTTER, B.A.  
Miss S. SACCHI

## MANAGERS OF THE BRIGHTON DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

THE MAYOR  
Alderman W. H. G. BUTTON  
" Miss D. E. STRINGER, O.B.E.  
Councillor D. B. SHELDON  
" A. SLESS, M.B., B.CH.

Councillor Mrs. M. WIGGANS, J.P.  
Mr. G. A. BURTON  
Mr. E. W. R. EDE, M.B.E.  
Mr. R. E. FITCH  
Mrs. M. JAMESON (Chairman)

## SCHOOL HEALTH SERVICE STAFF

### Medical Officers

- W. S. PARKER, *V.R.D.*, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H., Principal School Medical Officer.  
 W. H. ALLEN, B.Sc., M.B., B.Ch., D.C.H., D.P.H., Deputy Principal School Medical Officer until 31st December 1965.  
 L. B. PETERS, M.B., B.S., Senior School Medical Officer.  
 MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer.  
 L. D. WILLIAMS, T.D., M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.  
 MAXINE STANIFORD, M.B., Ch.B., D.P.H., School Medical Officer (Part-time) until 31st December 1965.  
 E. H. OSBORN SMITH, M.B., B.S., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., Diploma in Audiology, Medical Officer (Audiology).  
 J. A. CHOLMELEY, F.R.C.S., Orthopaedic Surgeon.  
 D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon.  
 J. D. RERRIE, B.Sc., M.B., Ophthalmologist.  
 N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist.  
 M. D. A. HELLER, M.B., M.R.C.P., D.P.M., Consultant Psychiatrist, from 1/6/65.

### Dental Officers

- W. H. GARLAND, B.D.S., U.Lond., L.D.S.R.C.S., Principal School Dental Officer.  
 PAULINE OSIS, D.D.D., School Dental Officer.  
 R. H. THOSEBY, L.D.S.R.C.S., School Dental Officer.  
 IRMA DROTH, L.D.S.R.C.S., School Dental Officer.  
 L. G. MOREY, L.D.S.R.C.S., D.D.S., School Dental Officer (Part-time).  
 F. C. SHENTON, L.D.S.V.U. (Manc.), D.Orth.R.C.S. (Eng.), Consultant Orthodontist (Part-time) from 22/11/65.

### Child Guidance Clinic

- Miss D. HAMMOND, B.S., Dip. Ed., A.B.Ps.S., Psychologist.  
 Miss G. M. LAWLOR, A.A.P.S.W., Psychiatric Social Worker, from 20/4/65.  
 Miss M. L. CHEVELEY, Secretary-Receptionist.

### Speech Clinic

- Miss S. A. BARNARD, L.C.S.T., Senior Speech Therapist.  
 Miss R. WOODWARD, L.C.S.T.  
 Miss R. MOORCROFT, L.C.S.T.

### Orthopaedic Clinic

- Mr. G. H. G. CALVER, M.C.S.P., S.R.P., Senior Physiotherapist.  
 Mrs. E. HILLABY, M.C.S.P., S.R.P. from 18/1/65.

### School Nursing Staff

- |  |  |
|--|--|
| Miss A. WEBBER*† Superintendent School Nurse.<br>Miss A. ORRIDGE*<br>Miss J. LEACH*<br>Miss F. HOLLANDS*<br>Mrs. E. LOWETH* to 31/3/65<br>Miss J. J. EDWARDS* to 30/9/65 | Miss F. DAVIDSON School Nurse (Audiology)<br>Miss J. BLANDFORD<br>Mrs. I. HAMMERSLEY<br>Mrs. M. C. WALKER<br>Miss C. E. ROBERTS* from 1/6/65<br>Miss G. PRATT from 1/12/65 |
|--|--|

\*Health Visitors' Certificate.

† Parentcraft Teachers' Certificate.

### Dental Hygienist

- Miss J. COHEN, Certificate of Proficiency in Oral Hygiene (part-time) from 6/9/65.

### Dental Surgery Assistants

- |   |   |
|---|---|
| Miss D. SILVER, Senior Surgery Assistant<br>Mrs. J. DYSON<br>Miss A. NASH to 31/12/65 | Mrs. G. PACKHAM to 27/2/65<br>Miss I. E. PISULA 4/1/65 to 31/12/65<br>Miss Y. BEARD from 3/5/65 |
|---|---|

### Clerical Staff

- |  |  |
|--|--|
| Miss D. R. SEYMOUR, Senior Clerk from 1/4/65<br>Mrs M. BIRD<br>Mrs. H. GILKES to 3/12/65<br>Mrs. M. POPE | Mrs. G. WHITTINGHAM to 31/12/65<br>Mrs. J. COLIN from 18/10/65<br>Miss G. JACKSON from 18/10/65<br>Miss E. CHESHIRE from 1/11/65 |
|--|--|

## Section A

## COMMENTS ON THE SCHOOL HEALTH SERVICE 1965

by Dr. L. B. PETERS

The controversy over the pros and cons of the replacement of the intermediate medical inspection at 10 years by a selective medical system continues up and down the country with no definite conclusion reached. It is felt that the conditions under which children are examined need to be considered alongside other factors involved, such as individual medical officers' special aptitudes.

In a recent circular from the Department of Education and Science it has been requested that immigrant children (i.e. those who normally live abroad) should be examined as soon as possible after entering this country. 55 children were duly examined and as a result two children were observed for slight visual defects, three squints were referred to the Ophthalmic Specialist and one child was attending her own optician for defective vision. Three children were put on surveillance for bronchitis, one had a deformity of the great toe, one was under observation for tonsil trouble and one for nasal catarrh. Amongst the immigrants we encountered one case of scabies in one member of a family, the rest of the family being clear of infestation. This means that out of 55 children seen, fourteen defects were noted. As two children had two defects each, only twelve individual children were found to have defects. They came to England from many countries including Italy, India, Ceylon, Australia, Germany and Malaya.

The complementary disciplines of medicine and dentistry have quite a few common points of mutual benefit. It is indeed fortunate that they are sited in common premises; more important than this is the spirit of active goodwill and co-operation which makes the difference between tacit acceptance in a passive sense of the word and active involvement in problems of common advantage.

The Principal School Dental Officer and Senior School Medical Officer have developed a highly integrated system of information which ensures a better overall service for the children of this town. For instance, where a child has a condition such as epilepsy, which makes him or her a hazard for general anaesthesia, information is given to the dental department so that they can not only inform the anaesthetist when his services may be needed, but also perhaps guide the dental treatment with special regard to the overall health picture. Again, with children who tend to bleed easily, information is given to the dental department so that they can take special precautions where extraction of teeth is concerned. In such cases the importance of prevention of dental decay is stressed.

Elsewhere in this report the work of the nursing staff in keeping infestation down is described by the Superintendent School Nurse. Nevertheless it should be appreciated that this work, a mixture of treatment and education in its widest sense, calls for a great deal of patience and even more forbearance at other times. Most patients appreciate the effect of having their troublesome appendix removed, but precious few parents appreciate nurses' work in the removal of unwelcome strangers in their children's hair. This can call for the highest qualities of tact and persuasion on the nurses' part and can be quite as arduous as other forms of nursing.

I append brief comments on the Year 1965 made by the School Medical Officers:



"Chest infections continue to be one of the more trying features of the winter months but mothers seem to be more aware of the need to take special care of the small child who succumbs to bronchial attacks . . . the children who go to bed so late appear to catch colds very easily."

"I attended a residential course for School Medical Officers in Leicester from 15th to 24th September. The lecture on the manufacture of children's footwear was most interesting and helpful."

"A Selective Medical was carried out at St. John Baptist School in the ten year age group in May 1965. There were a great many minor complaints elicited by questionnaire, such as bed wetting, nervous habits, headaches and bad eating habits. Some serious defects came to light e.g. one severe and unsuspected eye defect, a history of 'faints' which would appear much more likely to be a developing epilepsy, bronchitis, threadworm infestation, and certain of the more trying behavioural problems . . . ."

"On the whole this selective medical brought out the real need for a routine medical examination at ten years of age both to supervise the children and to give the parents the opportunity of frank discussion of their problems of health and upbringing at a most important age . . . ."

"School life can throw more strain upon parents and children than is often realised, becoming more marked before examinations. Some children will break out in skin eruptions or become prone to sickness, vomiting and diarrhoea . . . ."

"The good parent is an anxious parent, they do care how their children progress in school and will deny the accusations that they are causing the minor disorders for which they are seeking advice. Parents may discover that they themselves have become easily upset, irritated and have some loss of appetite for which they cannot account. They want reassurance that they are helping in the best possible way to further their children's progress. To overcome these stresses the wise parent will look towards themselves and allay their own irritations towards their children."

## Section B

# THE WORK OF THE SCHOOL HEALTH SERVICE 1965

## I. HANDICAPPED PUPILS

I append a table showing the disposition by handicap and educational placement of the pupils ascertained as handicapped pupils under the Education Act 1944, including those who were deemed ineducable under Sec. 57 (4) of the Act.

### Ascertainment and placement of handicapped pupils during 1965

<i>Handicap</i>	<i>No. Ascertained</i>	<i>Number placed</i>
Educationally Sub-normal ...	34	21—Woodside Day Special School. 1—Continuing in ordinary school.
Educationally Sub-normal and partially hearing ...	1	Transferred from Woodside Day Special School to Bevendean J.M. School for special education in teaching unit.
Maladjusted ...	5	1—Crusaders School, Surrey. 1—Horncastle School, East Grinstead. 1—Committed to approved school before placement could be made.
Maladjusted (dyslexia) ...	1	Clayesmore School, Dorset.
Epileptic ...	2	1—Lingfield Hospital School.
Delicate ...	2	Nil.
Physically handicapped ...	4	1—Patcham House. 1—Lord Mayor Treloar College. 1—Tarnerland Nursery School.
Partially sighted and physically handicapped ...	1	Patcham House.

7 children handicapped in various ways received home tuition during the year.

6 children were found to be unsuitable for education at school by reason of disability of mind.

In the consideration of handicapped pupils I have to thank all the Staff of the School Health Service for their contribution towards the process of ascertainment of handicap and also the determination in children of defects which whilst not severe enough to warrant special educational provision, nevertheless are noted and remedial action if possible taken. In the ascertainment of handicap it is very important to look at the child as a whole and also in relation to the family and educational background: the collaboration of my colleagues in all Corporation Departments has been invaluable.

### (i) *Children deemed Educationally Sub-normal*

Children were ascertained as educationally sub-normal and placed as in Table I. I am indebted to Mr. W. C. Almond for his report on the year's activities of the Woodside Special School for the Educationally Sub-normal of which he is Head teacher:

"Since the opening of Woodside School in 1955 the incidence of E.S.N. children with a secondary handicap admitted to the School seems to be on the increase.

The number of children who are on sedation has trebled and an added task for the teachers is to see that the various prescribed drugs are taken. It is gratifying to note that most of the children under sedation have milder forms of attack and less "black outs" than previously.

The autistic child is one of the greatest problems and being so withdrawn, perhaps the hardest to understand. Infinite patience is required to deal with the autistic cases in school and it is rewarding to see any slight improvement.

The schizophrenic child, too, is always a problem but it is an interesting fact that one of the most affected is responding to treatment and there have been fewer outbreaks.

The E.S.N. child is often maladjusted because of his low mentality and thus maladjustment comes high on the list of second handicaps. As a general rule the "settling in" process at Woodside is aimed at lessening the maladjustment but often this can only be achieved as a long term policy.

The mongoloid child, while being less of a social problem can still be an educational problem and as with all E.S.N. children needs individual treatment.

To weld all the different types of backward children into a happy school group is a tremendous task but this is the aim of Woodside School."

31 children were admitted to the Woodside Day Special School during the year. 33 children left the school as follows:

School leaving age	...	...	...	...	28
Moved to another district	...	...	...	...	3
Transferred to Bevendean Junior School for special tuition (partially hearing pupil)	...	...	...	...	1
Admitted to hospital under Order — Mental Health Act, 1959	...	...	...	...	1
Number on Roll	...	...	...	...	192

#### (ii) *Children deemed Blind and partially sighted*

As in all cases of handicap, the early detection of visual defects is of prime importance. In this respect there is the closest collaboration with the School Eye Clinic, the Infant Welfare Service and the School Health Service. Children are referred at an early age if necessary from Infant Welfare Clinics to the School Eye Clinic. I am indebted to the Consultant Ophthalmic Surgeon, Mr. D. St. Clair Roberts, for his work—he reports that there is now little delay in arranging appointments for new patients including these pre-school children. Unfortunately, he notes that there is still a time lag in following up old patients. He observes that part of the difficulty here is a variable, and sometimes a large proportion of the children who do not attend without giving adequate notice; this results in a further appointment being made and extending the follow-up period. The number of children in whom the handicap was severe enough to warrant ascertainment is noted in the above table, otherwise normally provision is made in the shape of visual aids such as glasses and special positions in classrooms where necessary.

#### (iii) *Children deemed Deaf and partially deaf*

Again, the early detection of handicap is of prime importance, and I would especially draw attention to the comments of Dr. E. H. Osborn Smith, Medical Officer (Audiology), and his enclosed report on this facet of his work. I would like to record here my appreciation of the work that he and his staff have done in establishing this service which is fast gaining a high reputation outside the boundaries of this Corporation. I am further deeply indebted for the burden of his report, which I enclose as follows:



## THE AUDIOLOGY SERVICE

This department was established in September, 1964 with the appointment of a medical audiologist, teacher of the deaf, school nurse and clerk/typist. Rooms for diagnostic work were provided at the Sussex Street School Clinic but the necessary structural alterations and acoustic insulation will not be undertaken until January, 1966.

The Partially Hearing Unit at Bevendean Junior School was completed in August, 1965 and full-time teaching started in September with a complement of four infant and three junior pupils. One child had just attained school age, another was transferred from a Partially Hearing Unit of a neighbouring Authority and the remainder were selected from schools in Brighton.

## IN-SERVICE TRAINING

The specially appointed school nurse and clerk/typist have received training in the technique of pure-tone screening tests of hearing, threshold audiometry and assistance in diagnostic work at the Hearing Clinic. During the year the majority of health visitors completed a course of instruction for the screening of hearing of infants.

## SCREENING TESTS OF HEARING

### (a) *Pre-School Children*

Routine medical examinations during infancy and school life are accepted practice in preventive medicine and there is similarly a need for periodic tests of hearing. It is important to detect a severe hearing impairment at the earliest opportunity, and with the presently available techniques, a specially trained health visitor can carry out a preliminary test when the infant is about 7 months of age.

In Brighton such tests were formerly confined to babies "at risk" but, with all health visitors versed in the technique, a hearing test will be part of the routine assessment of every child. An infant failing this test will be re-examined a fortnight later. Two successive failures will be followed by referral to the Hearing Clinic at the Audiology Unit.

This year 517 pre-school children had a screening test of hearing and 460 (89%) passed at the first or second occasion. Of 14 children who subsequently attended the Hearing Clinic for more detailed assessment 6 proved to have normal hearing; 6 are still under review and two boys had a substantial hearing loss and were referred to the Sussex Throat and Ear Hospital. The younger child aged 12 months has been issued with a hearing aid and the older boy aged 3½ years will be admitted to hospital for further examination and adenoid-ectomy.

Ideally all pre-school children should have an annual screening test of hearing and any child retarded in speech development or suspected of a hearing disorder requires more thorough investigation. Under these circumstances no child should attain school age with an undiscovered severe hearing impairment.

### (b) *School Children*

In Brighton there are more than 2,000 new admissions to maintained schools per annum. The objective is that all new entrants will have a pure-tone screening test of hearing. The school nurse/audiometrician already spends most of her time at this work but in order to fulfil her other commitments of domiciliary visiting, threshold audiometry and assistance with diagnostic sessions at the Hearing Clinic, it will be necessary to recruit another school nurse or health visitor for training in this work.

The requirements for successful screening of hearing in school are relatively simple, a portable battery-operated accurately calibrated pure-tone audiometer, an audiometrician, a quiet room and a steady stream of children. Under the most favourable circumstances it is possible to screen 50 to 90 children per day but these figures include threshold tests on all who fail the screening procedure so that they may be graded in priority for further examination. The rate of progress is dependent on the testing environment, availability of pupils, season of the year and age and intelligence of the children. Headteachers and their staff have been most helpful in curtailing noisy school activities but many schools are lacking in adequate accommodation. Taking these factors into consideration, screening is carried out at an intensity of 20db (British Standard) and each ear is tested separately at frequencies of 1, 2, 3, 4, 6 and 8 kilocycles. The Headteacher is informed of any child with a significant hearing defect.

During 1965, 2,128 school children had a pure-tone screening test and 1,564 (73.8%) passed at all frequencies in both ears; 324 (15.2%) had minor defects at a few test frequencies and 240 (11%) had a defect in one or both ears regarded as significant from a medical, social or educational point of view. The latter group is listed for review at school or at the Hearing Clinic.

#### THE AUDIOLOGY UNIT AT SUSSEX STREET

Arrangements are now in hand for the construction of a diagnostic unit by alterations to rooms at the Sussex Street School Clinic. Building work will start in January, 1966 and the available space will be converted into an office, diagnostic and audiometric rooms. The rooms will be acoustically treated to exclude interference with hearing tests by outside noise, transmission of sounds from other parts of the School Clinic and excessive reverberation. This will necessitate acoustic treatment of walls and ceilings, the fitting of double glazed windows, modifications of existing doors to ensure a tight seal to the surrounds, the installation of silent ventilating equipment and modifications to lighting and heating facilities. A one-way viewing screen between the diagnostic and audiometry rooms will permit observation, instruction and two-room testing.

Meanwhile, diagnostic and screening tests have been undertaken in untreated rooms, sometimes under considerable difficulties. The main source of interference has been noise from the adjoining market, nearby building activities and road traffic.

As a result of 1,068 examinations at the School Clinic and elsewhere, 26 children have this year been referred to consultants at the Sussex Throat and Ear Hospital with the following results:

#### Number of children:

- 6 had operative treatment,
- 3 on waiting list for operative treatment,
- 7 deafness confirmed but no operative treatment advocated,
- 5 to be issued with hearing-aids,
- 2 hearing normal when tested in hospital,
- 3 failed to keep hospital appointments.

#### FURTHER REQUIREMENTS FOR A COMPREHENSIVE SERVICE

##### (a) *Auditory Training*

The early detection of a hearing defect is but a preliminary step in the welfare of the deaf child. At the Hearing Clinic an accurate appraisal of the nature and degree of the defect is made prior to referral to an otologist. A copy of the Audiologist's report is sent to the General Practitioner and referrals are arranged with his consent.

The majority of children with a slight or moderate hearing impairment are suffering from a disorder of the middle ear cleft which usually responds to therapeutic or surgical procedures, or resolves spontaneously. A minority have a severe impairment, hereditary or acquired, attributable to a lesion of the cochlea or its central connections. No improvement in acuity can be anticipated so that remedial work is concentrated on making the most of residual hearing. This auditory training must be initiated at the earliest possible moment to minimise the serious effects of deafness on communication and mental, intellectual and social development.

The teacher of the deaf appointed in 1964 was involved in auditory training until his full-time services were required at the Bevendean Partially Hearing Unit in September, 1965. There is now an urgent need for a second special teacher for peripatetic work.

(b) *Aids to hearing*

Portable high quality amplifying units with a microphone and headphones are specially designed for training the deaf child in communication skills. A number of local authorities now provide these speech training units on loan to selected families and there are at least eight children in Brighton ranging from 2 to 12 years of age who would receive great benefit from the use of this apparatus under the guidance of a teacher of the deaf. Two speech trainers have already been purchased by this Authority and four have kindly been lent to parents of Brighton children by the National Deaf Children's Society. These units cost from £35 to £75 each.

All children with a severe impairment are in the first instance issued with the free National Health Medresco hearing aid by an otologist. Sometimes the Medresco aid proves inadequate for the child with a severe hearing loss and certain types of deafness are accompanied by an intolerance of very loud sounds which renders a hearing aid unbearable unless it is fitted with an automatic volume control. It may be more convenient for the child and much more acceptable to the teenager to use a small aid that fits behind the ear where it is invisible to the wearer. Under these special circumstances, a commercial aid is required. Many local authorities now supply such aids on the advice of a specialist and, in 1965, two commercial aids were purchased for children in Brighton.

## CONCLUSION

Heavy demands have been made on the Audiology Service with referrals for diagnosis and audiometry from many sources including parents, teachers, health visitors, medical officers and general practitioners. There has also been a steady stream of referrals from consultants at the Royal Alexandra Hospital for Sick Children and close co-operation with otologists at the Sussex Throat and Ear Hospital.

Facilities for diagnostic work will be greatly enhanced with the completion of the Audiology Unit at Sussex Street in 1966.

(iv) *Children deemed delicate*

2 children were classified as delicate children and were administratively dealt with as in the above table.

(v) *Children deemed maladjusted*

6 children were deemed maladjusted. In the ascertainment of maladjustment the report of the Child Psychiatrist is the pivot of the recommendations. His



report takes in all available physical, social, environmental and educational factors which are then carefully correlated before any recommendation is made. Besides those pupils who are ascertained as such the Child Psychiatrist follows up other children with psychiatric disturbances including the lesser degrees of maladjustment, at the Child Guidance Clinic. I am indebted to Dr. M. D. A. Heller for the following Report on the year's activities at the Herbert Hone Clinic (Child Guidance Clinic) for this Authority:

"After the resignation of Dr. M. Davys in March 1964 the Clinic was closed. A skeleton service for psychologically disturbed Brighton children was provided at the Lady Chichester Hospital by Drs. R. Mowat and J. Gould, who had some assistance from Miss B. H. Robinson, formerly Psychiatric Social Worker at the Clinic.

Following the appointment of Dr. M. Heller as part-time Consultant Psychiatrist, the Clinic re-opened on 1st June 1965. Miss G. M. Lawlor had been appointed as Psychiatric Social Worker and Miss D. Hammond, Senior Psychologist to the School Psychological Service, completed the nucleus of professional staff.

It had been realised for some time that the accommodation in the Herbert Hone Clinic was unsatisfactory, involving as it does the sharing of rooms with other departments and undesirable proximity to the Mental Health Department, Chiropody service and the Welfare Department, and the search for new premises had been started early in 1965. This, however, bore no fruit during the year and the Clinic reopened in the rooms it had formerly occupied in the Herbert Hone Clinic. The play room was converted into a waiting room for the sole use of the Clinic.

A short waiting list already existed of Brighton children referred to the Lady Chichester Hospital in the past few months and most of the Brighton children whose cases were opened at that hospital were transferred to the re-opened Clinic.

It was decided that a policy of open referrals would be followed, that is, that any responsible person or agency would have access to the Clinic although, of course, under most circumstances, the approval of general practitioners and parents would be necessary. This policy in practice is proving satisfactory and has not created any major problem.

It was felt that an evening clinic, which would be particularly convenient for adolescents who have left school and for fathers, would be helpful to the general running of the service and it became quickly clear that this was so. The evening clinic has always been well attended and has enabled much better contact to be made with these groups than can normally be obtained during the normal working day.

It soon became apparent that the number of cases being referred would, should the rate not slacken, in time outstrip the capacities of the Clinic staff to cope adequately with them. This was true of all professional staff but perhaps most obviously in the case of the Psychiatrist, and preliminary steps were taken to expand the staff establishment.

Good working relationships have been established with the Children's Department, general practitioners, Health Department, Probation Service, Schools and School Health Service, although shortage of time has prevented to a significant extent the close contacts which are necessary. The preservation of good relationships will clearly depend on the extent to which the services provided by the Clinic meet the needs of the children and families referred and those of the referring agencies."

1. Number of cases referred (i.e. 1/6/65—31/12/65)	...	...	151
--	-----	-----	-----

*Sources of Referrals*

General Practitioners	...	...	...	...	...	27
Parents	...	...	...	...	...	15
Children's Officer	...	...	...	...	...	13
M.O.H.	...	...	...	...	...	2
Mental Health	...	...	...	...	...	2
P.S.M.O.	...	...	...	...	...	41
Schools	...	...	...	...	...	2
Probation Officer	...	...	...	...	...	4
Transfers from Lady Chichester Hospital	...	...	...	...	...	24
Children's Hospital	...	...	...	...	...	2
Educational Psychologist	...	...	...	...	...	9
N.S.P.C.C.	...	...	...	...	...	1
Other Child Guidance Clinics	...	...	...	...	...	2
Mothercraft Training Centre	...	...	...	...	...	1
Dr. Barnardo's	...	...	...	...	...	1
Health Visitors	...	...	...	...	...	2
School Enquiry Officers	...	...	...	...	...	1
School Services	...	...	...	...	...	1
Dr. Hugh Miller	...	...	...	...	...	1
						151

(Of the total 17 cases referred by the Children's Officer and Probation Officer, 5 were referred for psychiatric report for Brighton Juvenile Court).

*Breakdown of cases*

New	...	...	107
Re-referrals	...	...	19
Transfers	...	...	25
			151

2. Number of new cases seen by psychiatrist (1/6/65—31/12/65)	...	99
3. Number of cases closed (1/6/65—31/12/65)	...	29
4. Number of cases taken on for treatment or follow-up purposes	...	80

(vi) *Other categories of handicap*

Apart from the above, certain other children were found to be suffering from defects sufficiently serious in degree to warrant special education. These were divided as follows

(1) Epileptic	...	...	2
(2) Physically handicapped	...	...	4
(3) Delicate	...	...	2

Arrangements were made both within and without the Corporation for the educational placement of these children as is seen in the above table.

(vii) *Handicapped Young Persons—The Youth Employment Bureau*

I am indebted to Mr. G. R. Gould, Youth Employment Officer for the burden of this report on the activities of the bureau during 1965 when 23 Handicapped Boys and 23 Handicapped Girls who were due to leave school were interviewed by the Careers Advisory Officers of the Youth Employment Bureau. The Youth Employment Bureau normally receives a school report for every young person seeking advice; for handicapped young people additional information is made available by the School Medical Officers. This information indicates the degree of difficulty that may affect the individual young person's employment opportunity. The Careers Advisory Officer in giving vocational guidance to handicapped young people must also bear in mind the provisions

made under the Disabled Persons (Employment) Acts 1944-1958, and may suggest, therefore, that

(a) the young person is registered in order to safeguard his future and/or

(b) that a further course of training should be undertaken at a Government Training Centre.

### *Follow Up in Employment*

Four boys and one girl who were severely handicapped were registered under the Disabled Persons (Employment) Acts 1944-1958. Eleven boys and twelve girls are still in their first jobs. Six boys and eight girls have had two, three, and four jobs. More difficulties were experienced by six boys and two girls who have had more than five jobs. The following analysis of these young people by disability reflects the problem of finding suitable work for the mentally handicapped.

#### ANALYSIS

Disability		No.		No. Reg. D.P. Act		One		No. of Jobs Two-Four		Five+	
		B	G	B	G	B	G	B	G	B	G
E.S.N. ...	(Easter)	5	3	—	—	2	1	—	2	3	—
	(Summer)	6	8	—	—	3	3	1	4	2	1
Defective Vision	(Easter)	2	1	—	—	2	1	—	—	—	—
	(Summer)	5	3	—	—	2	2	3	—	—	1
Partially Deaf ...	(Easter)	—	2	—	1	—	1	—	1	—	—
	(Summer)	—	1	—	1	—	1	—	—	—	—
Asthma ...	(Easter)	1	—	—	—	—	—	1	—	—	—
	(Summer)	1	1	—	1	1	—	—	1	—	—
Delicate... ..	(Easter)	1	—	—	—	—	1	—	—	1	—
	(Summer)	1	1	—	—	—	—	1	—	—	—
Diabetic... ..	(Summer)	—	1	—	—	—	1	—	—	—	—
Epileptic ...	(Easter)	1	—	1	—	1	—	—	—	—	—
Physically Handicapped	(Summer)	—	2	—	1	—	2	—	—	—	—
		23	23	1	4	11	13	6	8	6	2
TOTALS		46		5		24		14		8	

Generally speaking it is easier for educationally sub-normal girls to obtain routine jobs but advancing automation overshadows the employment prospects for boys, similarly handicapped. The girl with defective vision who had had more than five jobs is a dancer and subject, therefore, to contract engagements. The boy who had had more than five jobs has found difficulty in accepting employment discipline.

Of the young people registered under the Disabled Persons (Employment) Act 1944-1958 the boy was unable to continue in employment and is now a patient in St. Francis Hospital, Haywards Heath. One of the girls unable to continue in employment, is now attending the Craft Centre in Steine Gardens. The girl registered as deaf has been trained under the Disabled Persons Act at Greggs College, and is now successfully employed.

## II. HEALTH EDUCATION IN SCHOOLS

In selected schools forty-minute talks on "Personal Relationship" followed by a course in "Child Care" continued throughout the year.

Mrs. Loweth who had assisted in this work for several years resigned in March following her appointment as Health Education Organiser for Worthing. Later in the year Miss Roberts, on her appointment as School Nurse/Health Visitor, took over some of these classes.



Outside activities included lectures and assessing in Child Care, Home Nursing and First Aid for candidates qualifying for the "Duke of Edinburgh Award Scheme".

Teaching periods, each of 40 minutes, for 1965 were as follows:

	<i>Miss Webber</i>	<i>Mrs. Loweth</i>	<i>Miss Roberts</i>
Health Education (Human Relationships)	73	—	—
Child Care ... ..	318	35	50
Child Care Examinations ... ..	2	—	—
Home Nursing Examinations ... ..	4	—	—
First Aid Examination ... ..	1	—	—

### III. THE SCHOOL DENTAL SERVICE

I am indebted to Mr. W. H. Garland the Principal School Dental Officer for the burden of this report of the year's activities of his Department:

#### *Staffing*

Mr. F. C. Shenton, L.D.S., D.Ortho., R.C.S., Consultant Orthodontist started part time sessions at the School Clinic in late November, otherwise the professional staff remained the same and consists of four full time and one part time dental officers.

Miss J. Cohen, Certificate of Proficiency in Dental Hygiene, joined the department in September.

Since April we have had a full establishment of Dental Surgery Assistants and under the expert guidance of Miss Silver our Senior Dental Attendant this has led in no small measure to the smooth running of the Dental Department. Unfortunately this happy position of full establishment of Dental Nurses will not last into the New Year, and our efforts to replace the two nurses who are leaving have so far been unsuccessful. Consideration is now being given to employing married women with dental nursing experience as part time nurses. As I reported last year the recruitment and retention of dental nurses will be a problem until the Whitley Council Salary Scale for Dental Surgery Assistants is increased especially in the 16-21 age group to bring it closer to the wages that can be obtained in private dental practice and other occupations.

#### *Equipment*

A start has been made on the phased replacement programme of our oldest dental equipment at Sussex Street. The new chair and cabinets so far installed are much appreciated by both operators and patients.

#### *The School Dental Service*

For the second year running the number of temporary teeth filled has exceeded the number extracted and in fact the number of temporary teeth filled has increased and the number extracted decreased. I think this satisfactory position is now here to stay and I hope and expect the gap between fillings and extractions to increase as Brighton school children and their parents become more aware of the benefits of good dental health. A similar position between fillings and extractions of permanent teeth was also shown though not quite so marked. The number of permanent teeth filled increased and the number of extractions remained about the same. This is probably accounted for by the fact that the majority of our patients are in the 5-11 years age group and it is noticeable that as our patients get older they tend to seek treatment from the general dental practitioner; especially is this so after they enter secondary school. Every school dental officer knows his patients will leave school and be taken from his care, but it can become very disheartening

to introduce children to dental treatment and watch their dental progress only to have them removed from your care before their permanent teeth are fully erupted, so that one is unable to see the end result of your care and attention. However it does seem that a valuable part of our service is the introduction of many children to the dental surgery and dental treatment which makes it most important that the facilities and the dental staff should be conducive to making these first visits by children as pleasant as possible.

Not kept appointments without notifying us, decreased slightly during the year, but still remain a cause for concern, however. This problem not only applies to Brighton and one dreads to think of the appalling loss of chairside time throughout the country by School Dental Officers waiting for patients who do not keep their appointments.

The scheme initiated last year to recall children whose parents consent to treatment by the School Service has worked well and the majority of children treated by the department have been examined at least twice during the year either at school or the clinic. This system of routine dental checks has been much appreciated by parents and was extended during the year, by offering routine checks to children whose teeth were naturally sound at their first dental examination in an endeavour to diagnose the first signs of decay as early as possible.

The over all condition of the children's teeth in Brighton has shown no significant changes and the majority of children have dental treatment under the National Health Service or the School Dental Service. Brighton is fortunate to have one dentist per 3,000 persons and the fact that at school inspections over 60% of the children are considered to require treatment only reflects the great difficulties experienced to keep a child for any length of time in a state of dental fitness when their teeth are constantly in peril from modern civilisation's highly refined carbohydrate diet. We will never return to a primitive diet and although increased dental awareness through Dental Health Education and modern dental treatment will help to reduce the incidence of dental decay, surely the answer is to strengthen the teeth of our children and make them considerably less vulnerable to dental decay. This strengthening of the teeth of our children can be done simply, safely and with no inconvenience to the parent or the child, by the introduction of 1 part per million of fluoride into our water supply. I fully believe that the combination of fluoridation, good oral hygiene and modern dental attention can in time make epidemic dental decay a thing of the past in our children's teeth and eventually show results similar to that achieved in the eradication of diphtheria and acute poliomyelitis from our midst. Unfortunately Brighton has decided not to add fluoride to the Authority's water supply.

By agreement in 1955 with the Regional Hospital Board, children requiring orthodontic treatment outside the scope of the School Dental Officer were referred to the Consultant Orthodontist at the Royal Alexandra Children's Hospital. In the early part of the year it was found the waiting time at the Children's Hospital for orthodontic treatment was nearly eighteen months and that over 100 patients referred by the clinic were still awaiting their first appointment. Representations to the Regional Board resulted in an additional two sessions a week to the orthodontic consultant at the Children's Hospital. However, as this did not promise a quick reduction in our patients awaiting treatment, the School Service Sub-Committee was approached and it was agreed that Mr. F. C. Shenton, Consultant Orthodontist should attend the School Clinic, Sussex Street, initially for one session per three weeks whilst the waiting list was reduced and then one session a month to keep it under control. This would be an arrangement until such time as the Orthodontist at the Children's Hospital could cope with the demand for treatment. This

arrangement has been warmly welcomed by the Dental Department as in the majority of cases Mr. Shenton advises and oversees treatment which can then be performed by the School Dental Officers.

During the year all schools maintained by the Authority were visited by a School Dental Officer for a school dental inspection.

### *Dental Health Education*

To continue and maintain dental health education in schools, Miss J. Cohen, Dental Hygienist was appointed in September. Dental Health Education was initiated in Brighton Schools with a campaign last year and Miss Cohen's principal duties will be to visit each school at least annually to keep oral hygiene ever present in the minds of the children. A short report of the work is included below.

Four films on Dental Health are now available in the Education Department's Visual Aids Film Library for loan to schools in the Authority.

The Dental Department would like to thank all Head teachers and their staffs for their help and co-operation during the year.

### *Dental Hygiene*

Since her appointment in September the Dental Hygienist has visited 28 infant and junior schools and has instructed approximately 6,900 children in Oral Hygiene.

The children take a lively interest in the talks after the initial barrier is broken down. The concern shown by some children even at an early age by the mention of the word teeth shows the great need for Dental Health Education to combat the still prevalent atmosphere of fear and apathy that surrounds teeth and dentistry.

The Head Teachers and staff at the schools visited have been very co-operative and it has not been difficult to arrange a schedule. As a result of these talks a few Head teachers have asked for a visit each term.

In this initial programme of visits to schools Miss Cohen has been using pictures, posters and models for visual aids. The talk has taken about 20 minutes and she has spoken to the children either in small classroom groups or in larger groups in the School hall. She finds that it is far better to leave the arrangements to the head teacher thereby reducing the risk of disorganisation and inconvenience to the staff.

Thanks are extended to Head teachers and their staffs for their co-operation and active interest.

### *Statistics of School Dental Service in Brighton during 1965*

Number of pupils inspected by the School Dental Service	...	17,480
Number of pupils requiring treatment	... ..	10,926
Number of pupils offered treatment...	... ..	9,713
Number of pupils treated	... ..	3,267
Number of courses of treatment completed	... ..	3,262
Number of attendances made for treatment	... ..	9,083
Fillings—permanent teeth	5,616	} ... .. 8,414
Fillings—deciduous teeth	2,798	
Teeth filled—permanent teeth	4,927	} ... .. 7,533
Teeth filled—deciduous teeth	2,606	
Extractions—permanent teeth	250	} ... .. 1,764
Extractions—deciduous teeth	1,514	
Number of general anaesthetics administered	... ..	507
Pupils supplied with dentures	... ..	13
Sessions devoted to treatment	... ..	1,390
Sessions devoted to school inspections	... ..	105



#### IV. THE SCHOOL NURSING SERVICE

Once again one of the major preoccupations of the School Nursing Service has been dealing with the problem of infestation with head lice.

The number of cases of individual children infested remained high in 1965, but towards the end of the year the situation improved considerably—the degree very slight. Most of the problem families are co-operating quite well.

During the school holidays these children usually become heavily re-infested. All parents are visited by the School Nurses, head lotion and shampoo supplied, and the parents warned that the children will be excluded *immediately* on returning to school if found to be infested.

An unusually large number of new cases of heavy infestation have again been found in schools usually clear, the parents being totally unaware of the situation or source of the trouble.

Although the problem of infestation has improved constant hygiene inspections and re-inspections must continue in all schools, because of the “unrelated” cases constantly cropping up. A large proportion of the School Nurses must still be spent in this field of work.

Head teachers on the whole are most co-operative but occasionally consider it unnecessary to have routine hygiene inspections, because of the interruption of school work. It must be appreciated that owing to the constant movement of certain school children to various schools, due to eviction, re-housing etc., every school must be under constant supervision if we are to continue to deal adequately with this problem.

				<i>SussexStreet Clinic</i>	<i>Moulsecoomb Clinic</i>	<i>Whitehawk Clinic</i>	<i>Woodside School</i>
Number cleansed	...	...	...	138	153	129	20
Re-inspections and preventive Treatment...	...	...	...	38	154	253	154
Pre-school Children...	...	...	...	7	10	—	—
Mothers	...	...	...	4	4	—	—
15+ ...	...	...	...	5	—	—	—

#### V. SPEECH THERAPY

In November 1965 the Speech Therapy Department moved to two new rooms in the clinic, which are essential for a staff of three Therapists, and of great help in running the department efficiently. The provision of new equipment and furnishings is also a considerable improvement.

Weekly branch clinics were held at the following

Balfour C.P. School...	...	...	...	(1 session)
Bevendean C.P. School	...	...	...	(1 session)
Carden C.P. School ...	...	...	...	(1½ sessions)
Moulsecoomb C.P. School	...	...	...	(2 sessions)
Whitehawk C.P. School	...	...	...	(2 sessions)
Woodingdean C.P. School	...	...	...	(2 sessions)
Woodside E.S.N. School	...	...	...	(2 sessions, increased to 3 sessions in October)
Patcham Special Class	...	...	...	(2 half sessions for increase to 3 half sessions in 1966)
Downs View Training Centre	...	...	...	(1 session monthly)

Primary schools were also visited to discuss speech problems with staff.

More time is being devoted to physically and mentally handicapped children. Short and frequent treatments seem to be the most helpful, particularly with the mentally handicapped. It must be remembered, however, that some of these children may not be capable of attaining normal speech and that some could require therapy throughout the whole of their school life.

The waiting list has again been reduced and the time between referral and admission for treatment is now two months. This interval is likely to remain static or even to rise slightly during 1966—for more time is being spent with permanently handicapped children and more cases are being referred for speech therapy.

One of the staff attended a College of Speech Therapists Refresher Course at Birmingham University in April, which was very interesting and informative.

It is hoped that arrangements and changes made this year will help to provide a comprehensive programme for children with speech difficulties in Brighton.

					1965	1964
Number of children seen	...	...	...	...	546	480
Number of new patients...	...	...	...	...	211	150
Total number of attendances	...	...	...	...	5,936	4,808
Number on waiting list	...	...	...	...	38	45
Number discharged	...	...	...	...	151	149
Discharged cured	...	...	...	...	110	82
Own discharge (ceased attending or treatment refused)...	...	...	...	...	16	39
Left district or school	...	...	...	...	24	28
Transferred to another department	...	...	...	...	1	—

Types of cases seen during the year:

Dyslalia	...	...	...	...	...	259	234
Sigmatism	...	...	...	...	...	159	131
Stammer	...	...	...	...	...	78	67
Cleft palate, nasal speech	...	...	...	...	...	16	15
Other defects	...	...	...	...	...	34	33

## VI. THE WORK OF THE ORTHOPAEDIC DEPARTMENT

I am indebted to Mr. J. A. Cholmeley, the Consultant Orthopaedic Surgeon for the burden of his report on the Orthopaedic Department.

“With the appointment of an additional physiotherapist it has been possible to increase the scope of the Clinic. Much of the work at the Clinic is of a minor nature, such as flat feet, irregular toes and knock knees. This follows the trend of recent years, as poliomyelitis, rickets and osteomyelitis and the resultant deformities are rarely seen these days. However useful advice can be given to parents regarding footwear and measures to obviate excessive shoe wear, which can be a costly business.

Since the Class for Handicapped children moved to new premises at Patcham House during the summer half term holiday a physiotherapist has been attending there daily to give treatment to those severely handicapped children who require it. A small treatment section, which has been well equipped, has been provided. This has, of course, reduced the time and expense involved in transporting children from the class to other centres for treatment. It has been possible to include some of the children from the class in the swimming session at St. Luke's baths, which has proved most rewarding and greatly enjoyed by the children. Thanks are due to the Bath's superintendent and the Brighton Training Colleges for their assistance at these sessions.

The ante-natal classes, which are provided by the Maternity Services and organised by the Orthopaedic Clinic Physiotherapist, have been well attended throughout the year.”

## VII. THE SCHOOL MEALS SERVICE

The number of children receiving mid-day dinners and milk at maintained schools on selected days were as under:

<i>Date</i>		<i>Number of dinners</i>	<i>1/3 pints milk</i>	<i>Number of children at school</i>	<i>% of children having dinners</i>
October 1964 ...	...	12,233	16,796	19,962	61.28
September 1965	...	12,807	16,884	19,933	64.3

The number of children receiving milk at non-maintained schools in September, 1965 was 3,266 (4,135 children in school) compared with 3,626 and 4,330 respectively in October, 1964.

The total number of school meals served during 1964/65 was 2,498,311 compared with 2,332,478 during 1963/64.

In December, 1,965 meals were being cooked at 33 Brighton Schools and one central kitchen.

I wish to thank the School Meals Organiser and her staff for the work performed during the year.

## VIII. ROAD SAFETY 1965

A highly important aspect of the education of a child in today's modern society is the awareness of the terrible slaughter which occurs on the roads of this country every year involving people of all age groups. This is especially tragic when children are involved. I am deeply grateful for the work done by the Road Traffic Organiser, Mr. A. D. Ward and his colleagues during the year, and for his comments on Road Safety:

299,229 Accidents, involving 484,593 Vehicles resulting in:

7,952 Persons Killed, including 900 Children

97,865 Seriously Injured, including 13,962 Children

292,120 Slightly Injured, including 47,139 Children

397,937 Total Casualties, including 62,001 Children.

The above statistics are yet another annual total of persons killed or injured in road accidents in Great Britain in 1965. Most people will, no doubt, read the report, perhaps express their surprise and regret, then pass on to some other item of news, dismissing the former from their minds.

It is this kind of attitude which allows accidents to mount each year and until everyone makes some effort to face up to their own responsibilities, there is little hope of an improvement in the situation.

Let us take a closer look at these appalling figures to see what they really mean.

The fatal casualties of nearly 8,000 represents the total annihilation of a town the size of Newhaven. The total casualties of nearly 400,000 represents the total population of the South Coast between and including Seaford on the east and Worthing to the west.

A moment's reflection on this comparison should make one think, "it might be my turn next" and realise the importance of the current RoSPA campaign "Road Safety Depends on You".

One of the more distressing features of the year's figures was the increase in casualties to children i.e.

9.4 per cent fatal

4.1 per cent injuries.

In fact it was the worst year since 1951.

The child casualty figures for 1965 and 1964 are shown below:



<i>Child Casualties</i>	1964	1965	+ or —
Pedestrians ... ..	34,419	36,429	+ 2,010
Pedal Cyclists ... ..	12,560	11,935	— 625
Passengers:			
Motor Scooter ... ..	183	165	— 18
Motor Cycle ... ..	664	521	— 143
P.S.V. ... ..	2,254	2,366	+ 112
Other ... ..	9,344	10,441	+ 1,097
Riders and Drivers ... ..	133	144	+ 11
<b>TOTAL ... ..</b>	<b>59,557</b>	<b>62,001</b>	<b>+ 2,444</b>

## ROAD ACCIDENTS TO SCHOOLCHILDREN

I now append a table of road accidents involving Brighton Schoolchildren in 1965 which the Chief Constable has kindly made available.

Under 15 years	Killed	Seriously Injured	Slightly Injured	Total
January ... ..	—	1	7	8
February ... ..	—	6	8	14
March ... ..	—	1	9	10
April ... ..	—	2	9	11
May... ..	1	4	12	17
June... ..	—	5	8	13
July... ..	—	2	13	15
August ... ..	—	5	14	19
September ... ..	—	—	11	11
October ... ..	—	—	11	11
November ... ..	—	1	17	18
December ... ..	—	—	11	11
<b>TOTAL ... ..</b>	<b>1</b>	<b>27</b>	<b>130</b>	<b>158</b>

In Brighton injuries to those under 15 years of age dropped by 23 in comparison with 1964. Serious injuries in particular were 18 fewer. In spite of this improvement over the national trend, one may still ask "How can we provide further safeguards for the children?" I believe that a major part of the responsibility lies with parents.

The local authority provides some 50 School Crossing Patrols to supervise children going to and from School. Road Safety is also included in the school syllabus at appropriate times. Propaganda is directed towards causes of accidents and, in various forms, training for all ages is available.

It is mainly, however, when the schools are closed that children are exposed to the greatest danger. When for instance:

- they are sent shopping in the same area and perhaps, when a short time before, they had the protection of a School Crossing Patrol.
- When they are allowed out to play, often in fairly busy streets where a sudden dart into the road can prove disastrous.
- At holiday time when children sometimes become bored with doing the usual things and seek new adventures in unfamiliar places where traffic dangers are not known to them.

We must not, of course, always blame the child. Very often it is the vehicle driver who is to blame. A little less speed, a little more concentration can mean a much shorter stopping distance, and a few inches sometimes means the difference between a serious injury and the prevention of an accident.

One final thought—

"Accidents are expensive—Can *you* afford one?"

## Section C

## STATISTICS

## SCHOOL POPULATION

The population of Brighton at mid-1965 was 162,520, of which 21,369 were schoolchildren in maintained schools (1964—20,426).

The following return shows the number of schools maintained by the Brighton Education Authority and the attendance of children thereat in December 1965:

TABLE I

<i>School</i>	<i>No. on register</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
<b>SECONDARY GRAMMAR</b>			
Varndean Grammar School for Boys ...	591	573	96.9
Varndean Grammar School for Girls ...	704	670	95.9
Westlain (Mixed) Grammar School ...	606	570	94.1
<b>SECONDARY MODERN</b>			
Dorothy Stringer (Mixed) ... ..	748	700	93.5
Elm Grove Girls' ... ..	257	244	95.0
Fitzherbert R.C. Voluntary (Mixed) ...	375	330	88.0
Longhill C.S. (Mixed) ... ..	694	653	94.1
Margaret Hardy Girls' ... ..	676	623	85.8
Moulsecoomb (Mixed) ... ..	486	423	87.1
Patcham/Fawcett Boys' ... ..	607	553	91.4
Queen's Park (Mixed) ... ..	429	384	89.5
Stanmer (Mixed) ... ..	709	632	89.1
Whitehawk Boys' ... ..	309	275	88.9
Whitehawk Girls' ... ..	296	251	84.7
Secondary Technical School ... ..	260	238	91.3
<b>COUNTY PRIMARY SCHOOLS</b>			
Balfour Junior Mixed and Infants' ...	534	485	90.9
Bevendean Junior Mixed ... ..	323	306	94.9
Bevendean Infants' ... ..	235	223	95.0
Carden Junior Mixed ... ..	379	357	94.2
Carden Infants' ... ..	273	256	93.7
Carlton Hill Infants' ... ..	187	157	83.9
Coldean Junior Mixed and Infants' ...	421	386	91.7
Coombe Road Junior Mixed and Infants'	334	302	91.1
Downs Junior Mixed ... ..	404	380	94.0
Downs Infants' ... ..	273	240	87.9
Elm Grove Junior Mixed ... ..	257	238	92.5
Elm Grove Infants' ... ..	169	155	91.7
Fairlight Junior Mixed ... ..	244	228	93.6
Fairlight Infants' ... ..	191	181	94.7
Hertford Road Junior Mixed and Infants'	316	294	93.1
Middle Street Junior Mixed and Infants'...	262	225	85.7
Moulsecoomb Junior Mixed ... ..	626	559	89.0
Moulsecoomb Infants' ... ..	372	336	90.0
Patcham Junior Mixed ... ..	285	273	95.7
Patcham Infants' ... ..	211	172	81.4
Queen's Park Infants' ... ..	157	139	88.7
Rudyard Kipling Junior Mixed ... ..	462	438	94.5
Rudyard Kipling Infants' ... ..	274	252	92.0
St. Luke's Terrace Junior Mixed ... ..	416	394	94.6
St. Luke's Terrace Infants' ... ..	182	172	94.2
Saltden Junior Mixed and Infants' ...	209	195	93.0
Stanford Road Junior Mixed ... ..	323	300	92.7
Stanford Road Infants' ... ..	171	152	88.6
Westdene Junior Mixed and Infants' ...	336	315	93.7
Whitehawk Junior Mixed ... ..	468	410	87.6
Whitehawk Infants' ... ..	347	305	88.0
Woodingdean Junior Mixed and Infants'...	606	566	93.3

<i>School</i>	<i>No. on register</i>	<i>Average attendance</i>	<i>Percentage of attendance</i>
<b>VOLUNTARY PRIMARY SCHOOLS</b>			
Central Junior Mixed and Infants' ...	118	108	91.5
Rottingdean Junior Mixed and Infants'...	239	208	86.6
St. Bartholomew's Junior Mixed and Infants'	143	131	91.3
St. John's Junior Mixed ... ..	98	93	94.8
St. John the Baptist Junior Mixed and Infants' ... ..	330	286	86.7
St. Joseph's Junior Mixed and Infants' ...	293	266	90.9
St. Mark's Junior Mixed and Infants' ...	291	258	88.7
St. Martin's Junior Mixed and Infants' ...	115	101	87.6
St. Mary's Junior Mixed ... ..	105	90	87.7
St. Mary Magdalen Junior Mixed and Infants'	239	211	88.2
St. Paul's Junior Mixed and Infants' ...	123	98	79.4
Dav Special School for E.S.N. Children ...	190	147	77.0

### Summary

Average number on registers—	20,278
Average attendance —	18,507
Percentage of attendance —	91.3

### Nursery Schools

In January 1966 there were, at Tarner Land, 4 full-time and 76 half-time pupils (total 42 full-time) and at Whitehouse, 20 full-time and 40 part-time (total 40 full-time).

## MEDICAL INSPECTION AND TREATMENT

Year ending 31st December 1965

TABLE II

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

Table A—PERIODIC MEDICAL INSPECTIONS

<i>Age groups Inspected</i>	<i>No. of pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1961 and later	326	325	99.90	1	0.10
1960	1,170	1,170	100.00	—	—
1959	559	558	99.90	1	0.10
1958	143	142	99.90	1	0.10
1957	127	127	100.00	—	—
1956	119	119	100.00	—	—
1955	1,129	1,129	100.00	—	—
1954	704	704	100.00	—	—
1953	120	119	99.90	1	0.10
1952	76	76	100.00	—	—
1951	1,014	1,014	100.00	—	—
1950 and earlier	575	575	100.00	—	—
TOTALS	6,062	6,058	99.93	4	0.07



## B—Other Inspections

Number of Special Inspections	...	...	...	3,954
Number of re-inspections	...	...	...	3,506
TOTAL	...	...	...	7,460

The number of children examined at periodic medical inspections was 6,062 against 6,387 in 1964.

The number of re-inspections was 3,506 against 3,437, and the number of special inspections was 3,954 against 3,971 in 1964.

The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

## Percentage of parents attending Medical Inspections:

	1965	1964	1963
Entrants ... ..	96.5	91.6	89.9
Intermediate ... ..	63.4	75.6	71.5
Leavers... ..	24.1	30.2	27.0
Average... ..	68.6	65.8	62.8

TABLE III

Table B—Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

<i>Age Groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part I I</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1961			
and later	4	70	73
1960	32	250	276
1959	21	151	149
1958	8	33	39
1957	10	34	36
1956	9	29	34
1955	139	134	265
1954	100	94	182
1953	18	25	36
1952	14	25	35
1951	141	67	201
1950	83	51	134
and earlier			
TOTAL ... ..	579	963	1,460

The number of pupils requiring treatment or under treatment (1,460) is higher than in 1964, when the figure was 1,434.

TABLE IV

Defects found by medical inspection during the year.

Table A—PERIODIC INSPECTIONS

Defect or Disease					PERIODIC INSPECTIONS			Total
					Entrants	Leavers	Others	
Skin ... ..	T	15	36	43	94			
	O	19	17	16	52			
Eyes:								
(a) Vision ... ..	T	61	225	277	563			
	O	125	21	57	203			
(b) Squint ... ..	T	79	6	45	130			
	O	3	—	1	4			
(c) Other ... ..	T	4	4	8	16			
	O	2	2	15	19			
Ears:								
(a) Hearing ... ..	T	81	14	46	141			
	O	9	2	5	16			
(b) Otitis Media ... ..	T	6	2	1	9			
	O	17	—	2	19			
(c) Other ... ..	T	3	—	7	10			
	O	8	1	1	10			
Nose and Throat... ..	T	111	15	26	152			
	O	176	13	66	255			
Speech ... ..	T	9	11	11	31			
	O	22	11	11	44			
Lymphatic Glands ... ..	T	6	—	1	7			
	O	2	—	1	3			
Heart ... ..	T	88	7	38	133			
	O	63	—	6	69			
Lungs ... ..	T	16	4	16	36			
	O	52	10	35	97			
Developmental:								
(a) Hernia ... ..	T	2	—	4	6			
	O	—	—	1	1			
(b) Other ... ..	T	6	1	7	14			
	O	14	1	12	27			
Orthopaedic:								
(a) Posture ... ..	T	14	8	24	46			
	O	6	12	32	50			
(b) Feet ... ..	T	53	13	62	128			
	O	35	18	37	90			
(c) Other ... ..	T	24	6	34	64			
	O	16	13	16	45			
Nervous System:								
(a) Epilepsy ... ..	T	6	4	7	17			
	O	7	1	6	14			
(b) Other ... ..	T	6	2	4	12			
	O	65	3	22	90			
Psychological:								
(a) Development ... ..	T	3	—	3	6			
	O	19	—	11	30			
(b) Stability ... ..	T	3	1	4	8			
	O	12	14	45	71			
Abdomen ... ..	T	9	2	7	18			
	O	10	2	6	18			
Other ... ..	T	9	5	5	19			
	O	16	19	47	82			

T—Treat O—Observe





TABLE V

Recorded incidence of certain defects found to require treatment at periodic inspections per 1,000 pupils examined.

					1965	1964	1963
Total children examined	...	...	...	...	6,062	6,387	6,249
Skin	...	...	...	...	15.5	14.6	18.6
Eyes:							
(a) Vision	...	...	...	...	79.6	88.5	86.7
(b) Squint	...	...	...	...	21.4	21.3	22.1
(c) Other	...	...	...	...	2.6	6.7	7.0
Ears:							
(a) Hearing...	...	...	...	...	23.6	22.7	14.4
(b) Otitis Media	...	...	...	...	1.5	2.2	1.3
(c) Other	...	...	...	...	1.6	0.8	0.6
Nose and Throat...	...	...	...	...	25.0	26.8	25.3
Speech	...	...	...	...	5.1	17.4	14.0
Lymphatic Glands	...	...	...	...	1.2	0.6	0.5
Heart	...	...	...	...	21.9	7.2	4.6
Lungs	...	...	...	...	5.9	7.2	12.8
Developmental:							
(a) Hernia	...	...	...	...	0.9	1.4	1.1
(b) Other	...	...	...	...	2.3	3.6	2.9
Orthopaedic:							
(a) Posture	...	...	...	...	7.5	5.2	4.2
(b) Feet	...	...	...	...	21.1	10.3	17.0
(c) Other	...	...	...	...	10.5	10.6	11.8
Nervous System:							
(a) Epilepsy	...	...	...	...	2.9	2.7	1.9
(b) Other	...	...	...	...	1.9	1.7	0.5
Psychological:							
(a) Development	...	...	...	...	0.9	0.3	0.5
(b) Stability	...	...	...	...	1.3	2.2	2.2
Abdomen	...	...	...	...	2.9	3.8	3.2
Other	...	...	...	...	3.1	2.3	4.2

TABLE VI

Number of children examined other than at Routine Medical Inspections.

Pupils presented by a teacher or parent for suspected defect:	
In schools	33
In clinic...	730
Other special inspections for mental and physical defects, employments, boarded-out children etc.	3,191
Total	3,954
Re-inspection of pupils previously found to have some defect:	
In schools	2,335
In clinic...	1,171
Total	3,506

TABLE VII  
Central and Branch Clinics

Clinic	Times of Attendance	Work undertaken
<i>Central School Clinic:</i> Sussex Street	Full-time	Centre for examination of special cases, ophthalmic, orthopaedic, audiology and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Welfare appointments. Verminous treatment.
<i>Branch Medical Clinics:</i> Moulseccomb School	Monday mornings Wednesday mornings Thursday afternoons Friday mornings	Minor ailment and inspection clinic (Nurse only)
Whitehawk Child Welfare Centre	Tuesday mornings Friday all day	Minor ailment (Nurse only)
Carden School	Monday all day	Speech Therapy
Bevendean School	Monday afternoon	Speech Therapy
Whitehawk School	Tuesday all day	Speech Therapy
Moulseccomb School	Wednesday all day	Speech Therapy
Woodside School	Tuesday morning Thursday afternoon Friday afternoon	Speech Therapy
Balfour School	Thursday morning	Speech Therapy
Woodingdean School	Friday all day	Speech Therapy
Preston Class	Monday morning Wednesday morning Friday morning	Speech Therapy
<i>Branch Dental Clinics:</i> Carden School	Tuesday mornings Friday mornings	Emergency cases followed by appointments
Moulseccomb School	Monday and Thursday all day Tuesday and Friday all day	Routine treatment by appointment Emergency cases followed by appointments
Whitehawk Child Welfare Centre	Monday and Thursday mornings	Emergency cases followed by appointments
Longhill School	Monday and Thursday afternoons Monday and Thursday mornings	Routine treatment by appointment Emergency cases followed by appointments

### ARRANGEMENTS FOR INSPECTION

#### *Consultation Clinics:*

730 children made 919 attendances at this clinic as compared with 583 children and 794 attendances in 1964.

TABLE VIII  
Minor Ailment Clinics

Condition	Sussex Street			Moulsecocomb			Whitehawk			Total	
	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases	Re-exams	Total atts.	Cases 1965	Cases 1964
External Eye:											
Blepharitis ...	12	11	23	—	—	—	1	1	2	13	18
Conjunctivitis ...	57	45	102	7	18	25	1	—	1	65	105
Other... ..	90	13	103	35	79	114	1	—	1	126	94
Ear:											
Earache ...	9	5	14	8	—	8	1	3	4	18	26
Otorrhoea ...	—	—	—	—	2	2	—	—	—	—	2
Deafness ...	1	—	1	—	—	—	—	—	—	1	6
Other... ..	18	9	27	—	—	—	—	—	—	18	—
Skin:											
Ringworm—											
Scalp ...	—	—	—	—	—	—	—	—	—	—	—
Body ...	—	—	—	—	—	—	—	—	—	—	—
Scabies ...	15	20	35	1	—	1	—	—	—	16	5
Impetigo ...	16	27	43	30	199	229	—	—	—	46	40
Eczema ...	2	—	2	—	—	—	—	—	—	2	5
Other Skin ...	81	85	166	66	89	155	—	1	1	147	114
Plantar warts	40	2	42	—	—	—	1	—	1	41	47
Other warts ...	22	2	24	6	1	7	—	—	—	28	46
Minor injuries ...	112	102	214	41	64	105	2	—	2	155	218
Septic Sores ...	110	140	250	60	265	325	5	4	9	175	255
Grazes, cuts, burns ...	115	85	200	128	443	571	15	8	23	258	312
Other ... ..	33	20	53	—	—	—	—	—	—	33	—
Totals ...										1142	1293

		1965	1964
Number of cases treated at all Minor Ailment Clinics ...	...	1,142	1,293
Total number of attendances at all Minor Ailment Clinics ...	...	2,885	3,838

TABLE IX  
Eye Diseases, Defective Vision and Squint.

		<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	...	204
Errors of refraction (including squint) ... ..	...	1,516
Total ... ..	...	1,720
Number of pupils for whom spectacles were prescribed ...	...	709

#### *Defective Vision:*

During the year 131 sessions were held. Total number of cases dealt with was 1,516 (1964—1,603). There were 404 new cases (including squints) (1964—414). Glasses were prescribed for 709 children (1964—746).



TABLE X

Diseases and Defects of Ear, Nose and Throat.

								<i>Number of cases known to have been dealt with</i>
Received operative treatment:								
(a) for diseases of the ear ... ..								40
(b) for adenoids and chronic tonsillitis ... ..								634
(c) for other nose and throat conditions ... ..								45
Received other forms of treatment ... ..								58
Total ... ..								777
Total number of pupils in schools who are known to have been provided with hearing aids:								
(a) in 1965 ... ..								12
(b) in previous years ... ..								38

*Cardiac Clinic:*

During the year 7 new cases were referred to Dr. Kemball Price, Consultant Cardiologist, at the Royal Sussex County Hospital, as compared with 14 in 1964. 15 re-examinations were carried out, 12 boys and 3 girls.

TABLE XI

Types of suspected heart defects seen during the year.

	<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	TOTAL
No abnormality discovered ... ..	4	2	—	6
Incidental murmur ... ..	—	—	1	1
Totals ... ..	4	2	1	7

TABLE XII

*Infestation with Vermin*

	1965	1964
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	57,002	49,105
(ii) Total number of individual pupils found to be infested ...	951	566
(iii) Number of instances of infestation ... ..	1,477	1,664
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	36	210
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	3	23

A number of pupils were found to be infested on more than one occasion.

Cleanliness examinations of children in schools	...	...	57,002
Visits to school departments	...	...	1,191
Number of home visits	...	...	1,492
Number of vision tests	...	...	7,440
Mothercraft and Health Education Talks	...	...	85

B.C.G. sessions	...	...	...	...	...	...	...	102
Poliomyelitis vaccination clinics	...	...	...	...	...	...	...	24

Mothercraft talks	...	...	...	...	...	...	...	318
Health Education	...	...	...	...	...	...	...	73
Other visits	...	...	...	...	...	...	...	29

Diseases of the Skin (excluding uncleanness—see Table XII)

											<i>No. of individual pupils known to have been treated</i>	
Ringworm:												
(a)	Scalp	...	...	...	...	...	...	...	...	...	—	
(b)	Body	...	...	...	...	...	...	...	...	...	—	
Scabies	...	.....	...	...	...	...	...	...	...	...	16	
Impetigo	...	...	...	...	...	...	...	...	...	...	46	
Eczema	...	...	...	...	...	...	...	...	...	...	2	
Other Skin Diseases												
(Acne, urticaria, herpes simplex, rashes)						...	...	...	...	...	147	
Plantar Warts		...	...	...	...	...	...	...	...	...	41	
Other Warts		...	...	...	...	...	...	...	...	...	28	
Total											...	280

Other treatment given.

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments ... ..	1142
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	1,604
Total (a)-(c) ... ..	2,746

TABLE XVI  
Handicapped Pupils.

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physi- cally Handi- capped (6) Delicate		(7) Mal- adjusted (8) Educa- tionally Sub- normal		(9) Epi- leptic (10) Speech Defects		TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)-(10)
<b>IN THE CALENDAR YEAR:</b>											
Handicapped Pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes... ..	—	—	—	—	2	2	6	33	2	—	45
B. (i) Included at A above and newly placed in special schools or boarding homes	—	—	—	—	—	—	—	21	1	—	22
(ii) Assessed prior to January, 1965 and newly placed in special schools or boarding homes ... ..	—	—	—	—	—	2	1	10	—	—	13
TOTAL B. (i) and B. (ii) ...	—	—	—	—	—	2	1	31	1	—	35
<b>AS AT 20TH JANUARY, 1966:</b>											
C. Number requiring (a) Day places in special ... ..	—	—	—	—	—	—	—	41	—	—	41
(b) Boarding schools ... ..	—	—	—	—	1	1	3	—	—	—	5
D. (i) Number on the registers of:	—	—	—	—	—	—	—	192	—	—	192
(1) Maintained (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
special (b) boarding	—	—	—	—	—	—	1	2	—	—	3
schools as pupils	—	—	—	3	—	—	—	—	—	—	3
(2) Non- (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
main- (b) boarding	2	10	—	4	3	8	—	5	4	—	36
tained pupils											
special schools as											
TOTAL... ..	2	10	—	7	3	8	1	199	4	—	234
(ii) Independent schools under arrangements made by the authority ... ..	—	—	12	1	—	—	13	1	—	—	27
TOTAL (D. (i) and D. (ii) ) ...	2	10	12	8	3	8	14	200	4	—	261
(iii) Boarded in homes and not included in (i) or (ii) ... ..	—	—	—	—	—	—	—	—	—	—	—
TOTAL (D. (i), (ii) and (iii) )	2	10	12	8	3	8	14	200	4	—	261
<b>E. Number being treated under arrangements made in accordance with Section 56 of the Education Act, 1944' ...</b>											
(i) in hospitals ... ..	—	—	—	—	—	—	—	—	—	—	18
(ii) in other groups ... ..	—	1	—	—	18	—	1	—	—	—	20
(iii) at home ... ..	—	—	—	—	—	2	2	—	—	—	4



TABLE XVII

## Child Guidance Treatment.

Seen at Brighton Child Guidance Clinic June/December 1965	...	...	...	74
Seen at Lady Chichester Hospital January/June 1965	...	...	...	41
Total	...	...	..	115

TABLE XVIII

## Orthopaedic and Postural Defects.

				<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	...	...	...	489
(b) Pupils treated at schools for postural defects	...	...	...	—
Total	...	...	...	489

